

Policy Disclosure and Information Consent Form

This policy disclosure and information consent form is an honest effort on the part of this facility to comply with the Privacy Rule on the HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA).

The Privacy Rule establishes a federal requirement that most doctors, hospitals, or other health care providers obtain a client's written consent before using or disclosing any of their personal health information. It generally requires this office to take reasonable steps to limit the use, disclosure of, and/or requests for protected health information (PHI) to the minimum necessary to accomplish the intended purpose.

The following provisions specify the policies and procedures implemented at the establishment in accomplishing that end:

- That any personal health information (PHI) provided by you for the purpose of treatment, health care operations, coordination of care, or payment:
 - A. will be protected in its entirety in all forms (oral/written/electronic)
 - B. will not be shared or released to any individual, agency, or lawful authority without your prior written consent (or that of your personal representative/ guardian/ power of attorney).
 - C. will be available for you to examine, request corrections of or make amendments to, request any disclosures pertaining to, or obtain a copy at any time.

- That your written consent need only be obtained this one time for all subsequent care provided at this facility.

- That you can provide a written request to revoke consent at any time during care, would not apply to care or records prior to such a request.

- That you have a right to file a formal complaint with this facility's privacy compliance officer (PCO) about any possible violations of these policies and procedures.

Signature: _____

Date: _____