

***Notice of Privacy Policies and Consent***

The Notice of Privacy Practices and Consent informs our patients about the ways we disclose, use, request and protect PHI. This Notice also informs our patients of their legal rights. We are legally required to provide a Notice of Privacy and Consent to each patient who seeks our care and/or services. The Notice also provides patients with information on requesting additional restrictions or uses and disclosures of their PHI, confidential communications, copies of their records and changes to their records.

It is our legal duty to attempt to get a signed receipt from every patient, which states that they received the above Notice. We must provide care and services, whether the patient agrees to sign the receipt or not. When they sign the form, they consent and agree that we can and will use and disclose their health information to treat, obtain payment for requested services, and to perform healthcare operations.

The law states that patients have the right to ask us to restrict the uses or disclosures made for the purposes of treatment, payment, or healthcare operations, however, we are not obligated to these suggested restrictions. However, if we do agree, the restrictions are binding on us.

Protected Health Information (PHI) protects any information that is reasonable to believe could be used to identify an individual, information that we created or received about the individual, health information, as well as demographic information (address, phone numbers, etc.), information about the individual's past, present, or future physical or mental health condition, any information about the treatment or services provided in the past, present, or future payments for provision of health care to the individual, any data submitted electronically, such as insurance claims, insurance status inquiries, payments received, remittance advice, etc., any data stored on paper, computer, CD, audio-tape, microfilm, photograph, or any other permanent manner, any information known about a patient stored in the mind of doctor(s) and/or staff.

Once the patient has read the Notice, front desk staff must ask the patient to sign and date the receipt. Then, give the patient the copy of the receipt and attach the original to the patient's PHI history sheet. If our computer software program has a HIPAA acknowledgement section relating to this Notice, we must complete this acknowledgement section and date. The patient may keep the Notice of Privacy Practices.

If the patient refuses to sign the Notice and receipt, we must still provide services and treatment. Enter the date, your name, and acknowledge on the patient's PHI History Sheet that the patient refused to sign the receipt of Notice of Privacy Practices. If for any other reason we are unable to get the patient's signed receipt, the attempt and the reason for failure must be written on the PHI History Sheet.

I hope you have found our office policy procedures and guidelines helpful and informative. Please ask for further clarification of any part of its contents if you have questions or concerns.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Relationship to patient** \_\_\_\_\_