Empowered Health

HIPAA Information and Consent Form

* Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient’s condition or information which is not already a matter of public records The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, exam room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI, and other documents or information.
* It is the policy of this office to remind patients of their appointments. We may do so by telephone, e-mail, US mail, or by any means convenient for the practice and/or requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.
* The practice utilizes a number of vendors to conduct business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
* You understand and agree to inspections of the office and review of documents, which may include PHI by government agencies or insurance payers in normal performance of their duties.
* You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the provider.
* Your confidential information will not be used for the purposes of marketing or advertising.
* We agree to provide patients with access to their records in accordance with state and federal laws.

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Sign Date