



HIPAA Information & Consent Form

The Health Insurance Portability & Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been our practice for years. This form is a “friendly” version. A more complete text is posted in the office.

What this is all about: Specifically, there are rules & regulations on who may see or be notified of your Protected Health Information {PHI}. These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights & protections to you as the patient. We balance these needs with our goal of providing you with quality professional service & care. Additional information is available from the U.S. Department of Health & Human Services. www.hhs.gov

We have adopted the following policies:

1. Patient information will be kept confidential except as it 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 it necessary & appropriate for your care. Patient files may be stored in open file racks & will not contain any coding which identifies a patients' condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination 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, & other documents or information.
2. It is the policy of this office to remind patients of their appointment. We may do this by telephone, email, US Mail, or by any means convenient for the practice &/or as requested by you. We may send you other communications informing you of changes to office policy & new technology that you might find valuable or informative.
3. The Practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
4. You understand & agree to inspections of the office & review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding privacy to the attention of the Office Manager or the Physical Therapist.
6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
7. We agree to provide patients with access to their records in accordance with State & Federal laws.
8. We may change, add, delete, or modify any of these provisions to better serve the needs of the Practice & the Patient.
9. You have the right to request restrictions in the use of your protected health information & to request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.

I, _____ of this date _____
do hereby consent & acknowledge my agreement to the terms set forth in the HIPAA INFORMATION FORM & any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.