

## Family Medicine Specialists, P.C.

### *Patient Consent for Use and Disclosure of Protected Health Information*

I hereby give my consent for Family Medicine Specialist, P.C. to use and disclose protected health information about me to carry out treatment, payment and health care operations. (The notice of Privacy Practices provided by Family Medicine Specialists, P.C. describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Family Medicine Specialists, P.C. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to:

Laura Davis  
721 Three Mile NW Suite 200  
Grand Rapids, MI 49544

With this consent Family Medicine Specialists P.C. may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out treatment, payment and health care operations such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, Family Medicine Specialists, P.C. may mail to my home or other alternative location any items that assist the practice in carrying out treatment, payment and health care operations, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."

With this consent Family Medicine Specialists, P.C. may e-mail to my home or other alternative location any items that assist the practice in carrying out treatment, payment, and health care operations, such as appointment reminder cards and patient statements. I have the right to request that Family Medicine Specialists, P.C. restrict how it uses or discloses my protected health information to carry out treatment, payment and health care operations. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow Family Medicine Specialists, P.C. to use and disclose my protected health information to carry out treatment, payment and health care operations.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Family Medicine Specialists P.C. may decline to provide treatment to me.

\_\_\_\_\_  
Signature of patient or Legal Guardian

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Guardian (If Applicable)

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below I acknowledge that I have received a copy of this office's Notice of Privacy Practices Form.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Signature Relationship (if other than patient) Date

## Documentation of Failure to Obtain Signed Acknowledgement

On \_\_\_\_\_, \_\_\_\_\_ presented this  
(date) (staff member's name)  
Acknowledgement of Receipt of Notice of privacy Practices Form to  
\_\_\_\_\_. The Patient refused to provide a signature when  
(patient's name)  
requested.

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

**Family Medicine Specialists, PC**  
Laura Davis- Office Manager

721 Three Mile Road – Suite 200  
Grand Rapids, MI 49544

Phone: (616) 647-3770  
Fax: (616) 647-3776

## Authorization For Specific Confidential Communications

Your medical information is confidential. In order to discuss or answer questions about your health with anyone, such as your spouse/significant other, adult child, etc. Laura Davis needs your permission. If you choose, you may indicate that you do not want us to discuss your medical information with anyone by writing "NONE" on one of the lines below and signing this form. Otherwise, please list the name(s) of the individuals you authorize Laura Davis and her associates to release information to as well as the type of information you are authorizing the release of.

I authorize my physician and/or administrative and clinical staff to disclose the following protected health information to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Select the protected health information to be released or disclosed to the above listed individual(s) from the list below:

- Medical Care/Treatment: Yes \_\_\_ No \_\_\_ Level of information (\*see below) \_\_\_\_\_
- Billing Information: Yes \_\_\_ No \_\_\_
- Pick up PHI: (such as prescriptions, billing statements, labs etc.) Yes \_\_\_ No \_\_\_
- Other (specify in detail – such as date of service, type of service, level of detail to be released, origin of information etc. \_\_\_\_\_

\* If there is any information in your medical record that you DO NOT want discussed with or released to the above named individuals, such as information related to sexually transmitted infections, drug or alcohol abuse and/or mental health status, please state what information you wish to have excluded. \_\_\_\_\_

This authorization shall be in force and effect and does not expire until it is revoked in writing. I understand that I have the right to revoke this authorization in writing, at any time by sending such written notification to the practice's Privacy Contact at: Family Medicine Specialists, PC 721 Three Mile Rd- Suite 200 Grand Rapids, MI 49544. I understand that a revocation is not effective to the extent that my physician has relied on the use or disclosure of the protected health information or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

\_\_\_\_\_  
Patient / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## **Family Medicine Specialists Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have questions about this notice, please contact our privacy contact who is Laura Davis.

Your medical information is personal. We are committed to protecting your medical information. We created a record of the care and services you received at the practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the practice whether made by your personal physician or one of the office's employees.

This notice will tell you about the ways in which we may use and disclose your medical information. This notice will also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

Family Medicine Specialists is required by law to:

1. Make sure that medical information that identifies you is kept private;
2. Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
3. Follow the terms of the notice that is currently in effect.

### **How this Office May Use and Disclose Your Medical Information:**

The following describes the different ways that your medical information may be used or disclosed by the practice. For clarification we have included some examples. Not every possible use or disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose your medical information will fit within one of these general categories:

**For Treatment:** We will use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, physician assistants, nurse practitioners, nurse midwives, nurses, technicians and other office personnel who are involved in providing you medical treatment.

**For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at this practice may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received here so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**To Individuals Involved in Your Care or the Payment of Your Care:** We may disclose medical information about you to a family member or close friend involved in your medical care. We may also give information to someone who is involved with payments or helps pay for your care. Additionally, we may disclose information for notification purposes such as your location or general condition.

**For Health Care Operations:** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many of our patients to decide what additional services the practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, physician assistants, nurse practitioners, nurse midwives, nurses, technicians, and other office personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of the specific patients.

Our office records and transmits health information, including prescription information, electronically. Health information is shared and protected electronically through local, state and national health information exchanges (HIE) and clinically integrated networks (CIN). These HIE's and CIN's have rules regarding how health information can be accessed and limits on use or disclosures of that information. For more information about your rights associated with transmission of your information through this and other health information exchanges, please contact Laura Davis.

**Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the practice.

**Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition.

**As Required By Law:** We will disclose medical information about you when required to do so by federal, state or local law. For example, disclosure may be required by Workers' Compensation statutes and various public health statutes in connection with required reporting of certain diseases, child abuse and neglect, domestic violence, adverse drug reactions, etc.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Health Oversight Activities:** We may disclose medical information to a governmental or other oversight agency for activities authorized by law. For example, disclosures of your medical information may be made in connection with audits, investigations, inspections, and licensure renewals, etc.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may use your medical information to defend the office or to respond to a court order.

**Law Enforcement:** We may release medical information about you if required by law when asked to do so by a law enforcement official.

**Coroners and Medical Examiners:** We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

**Other Uses of Medical Information:**

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require your written authorization. Other uses and disclosures of your medical information not covered by this notice of privacy practices will be made only with your written authorization. If you provide us such an authorization in writing to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. In the event of a breach of your unsecured PHI, you have the right to be notified of the breach. This notification will be sent via first class mail.

**Your Rights Regarding Your Medical Information:**

You have the following rights regarding the medical information Family Medicine Specialists maintains about you:

**Right to Inspect and Copy:** You have the right to inspect and obtain an electronic or hard copy of your medical information with the exception of any psychotherapy notes.

To inspect and obtain a copy of your medical information, you must submit your request in writing to Laura Davis. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and obtain copies of your medical information in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. For information regarding such a review, contact Family Medicine Specialists.

**Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the practice.

To request an amendment, your request must be made in writing and submitted to Laura Davis. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a. Was not created by us;
- b. Is not part of the medical information kept by this office;
- c. Is not part of the information which you would be permitted to inspect and copy; or
- d. Is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of non-routine disclosures." This is a list of the disclosures this office has made of your medical information.

To request this accounting of disclosures, you must submit your request in writing to Laura Davis. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure we make of your medical information.

*We are not required to agree to unreasonable requests for a restriction.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

The practice will honor any request for restrictions of disclosures to a health plan for payment or health care operation purposes, if the PHI relates solely to a health care item or service for which you have paid for in full.

To request restrictions, you must make your request in writing to Laura Davis.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you only in a certain manner. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Laura Davis. We will accommodate all reasonable requests.

**Right to a Copy of This Notice:** You have the right to a paper or electronic copy of this notice. If you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact Laura Davis.

### **Revisions to This Notice:**

We reserve the right to revise this notice. Any revised notice will be effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of any revised notice at the practice. *Any revised notice will contain the effective date on the first page of the notice in the upper right-hand corner.* In addition, each time you visit the practice we will offer you a copy of the current notice in effect.

### **Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact Laura Davis, office manager at (616) 647-3770. All complaints must be submitted in writing. Our privacy officer will review all patient complaints and, if appropriate, conduct an investigation to develop the necessary information regarding the complaint. The results of the privacy officer's determination will be communicated to the patient in writing within (15) fifteen days of receiving the written complaint. If any measures will be taken by the Practice to mitigate any improper uses or disclosures of protected health information, this will also be communicated in the above written communication to the patient.

THIS OFFICE WILL NOT PENALIZE YOU IN ANY WAY FOR FILING A COMPLAINT.