

## HIPAA Information and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Inland Integrated Wellness Center is committed to treating and using protected health information (PHI) about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services at [www.hhs.gov](http://www.hhs.gov).

### Understanding Your Health Record Information

Each time you visit us a record of your visit is made. Typically, this record contains your symptoms, diagnosis, treatment, and a plan for future care and treatment. This information, often referred to as your health or medical record, serves as a:

1. Basis for planning your care and treatment,
2. Means of communication among the many health professionals who contribute to your care,
3. Legal document describing the care you received,
4. Means by which you or a third-party payer can verify that services billed were actually provided,
5. A tool in educating health professionals,
6. A tool with which we can assess and continually work to improve the care I render and the outcomes we achieve.

### How We May Use and Disclose Your PHI

We will use and disclose your PHI for many different reasons. For some, we will need your prior written authorizations and for others we do not. Listed below are some of the different categories and examples.

#### Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent.

1. Treatment: We can use and disclose your PHI to physicians, psychiatrists, psychologists and other licensed health care providers who are involved in your care.
2. To Obtain Payment: I can use and disclose PHI to bill and collect payment for services. This may include the insurance company, claims processing individual or companies.
3. Health Care Operations: We can use PHI to operate our practice, such as evaluating performance of health care professionals or provide information to our accountant, attorney or consultants to further health care operations.
4. Patient Incapacitation or Emergency: If you are incapacitated or if an emergency exists consent is not required as long as we try to get your consent after treatment is rendered.
5. Federal, State or Local Laws Require Disclosure: For example law enforcement and law require us to report information about victims of abuse or neglect.
6. Judicial or Administrative Proceedings Require Disclosure: Disclosure may be made if you are involved in a lawsuit, workers' compensation case or in response to a subpoena.
7. Law Enforcement Require Disclosure: warrant.
8. Public Health Activities Require Disclosure: We may provide PHI to report to a government official an adverse reaction to a medication.
9. Health Oversight Activities Require Disclosure: We may provide PHI if the government is conducting investigations or inspections of a health care provider or organization.
10. To Avert a Serious Threat to Health or Safety: We may have to use or disclose PHI to avert a serious threat to the health or safety of others and this information will be made only to someone able to prevent the threatened harm from occurring.
11. Specialized Government Functions: If you are in the military, we may disclose PHI for national security purposes, including protecting the President of the United States or conducting intelligence operations.
12. To Remind You About Appointments and to Inform You of Health-Related Benefits or Services: We may use or disclose your PHI to remind you about your appointments, or to give you information about treatment alternatives, or other health care benefits that we can offer to benefit you.

#### Certain Uses & Disclosures Require You to Have the Opportunity to Object

Disclosure to Family, Friends or Others: We may provide PHI to family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

#### Other Uses & Disclosures Require Your Prior Written Authorization

In any other situation not described in section A & B above, we will need your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization, you can later revoke it in writing to stop any future uses and disclosures (to the extent that we haven't taken any action in reliance on such authorization) of your PHI.

#### Your Health Information Rights

Although your health record is the physical property of Inland Integrated Wellness Center, the information belongs to you. You have the right to:

1. Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. You have the right to request restrictions & limitations on uses and disclosures for treatment, payment, health care operations, disclosures to family and friends. Submissions must be made in writing. However, we are not legally required to accept them. If we do not accept them we will put them in writing and abide by them except in emergency situations.
2. Obtain a paper copy of this notice on information practices upon request & the right to have confidential information sent by alternative means or at alternative locations.
3. Inspect and received a copy your health record as provided for in 45 CFR 164.524. We will respond to your request within 30 days of receiving the written request. In certain situations we may deny your request and will tell you in writing the reasons for the denial. For request of copies of PHI, there is a charge of \$.25 per page. A summary or explanation of the PHI may be given as long as there is an agreed upon cost in advance.
4. Obtain an accounting disclosures of your health information as provided in 45 CFR 164.528. Accounting of Disclosures will be responded to within 60 days of receiving the request and will include disclosures made in the last six years unless you request a shorter time. No charge will be made for the list although we may charge you a reasonable, cost-based fee for each additional request.
5. Amend your health record as provided in 45 CFR 164.528. If you believe there is a mistake or a piece of information is missing provide the request in writing and we will respond within 60 days. We may deny your request if the PHI is correct and complete, not created by us, not allowed to be disclosed or not part of the record. Written denial will state the reasons for the denial and explain your right to file a written disagreement with the denial.
6. Receive a paper copy of this notice.