ACKNOWLEDGEMENT OF PRIVACY PRACTICES & PATIENT CONSENT FORM

Collier Neurologic Specialists, LLC
3200 Bailey Lane, Suite 200 Naples, FL 34105
(239) 262-8971

The federal government requires all medical offices to make aware that they have rights regarding the use and disclosure of their personal health information. Our Notice of Privacy Practices has been provided to you today. The patient understands that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA) that:

- Protected health information may be used and disclosed to provide and coordinate treatment among a number of health care providers who may be involved in that treatment directly and indirectly, payment with your insurance company, or healthcare operations within our office.
- Collier Neurologic Specialists has a Notice of Privacy Practices that is available for review.
- Collier Neurologic Specialists reserves the right to change the Notice of Privacy Practices and that a patient may contact this office at the address or phone number above or go on the company's website to obtain the Notice of Privacy Practices.
- The patient has the right to restrict the use of their information, but Collier Neurologic Specialists does not have to agree to these restrictions if, for example, it interferes with payment, daily operations, or providing quality care. If we do agree then we are bound to abide by such restrictions.
- The patient may revoke this consent in writing at any time and all future disclosures will cease.
- Collier Neurologic Specialists may condition treatment upon the execution of this consent (for example, you may be required to pay for your visit at the time of service).

Omnibus Final Rule – Final modifications to the HIPAA Privacy, Security, and Enforcement Rules mandated by the Health Information Technology for Economic and Clinical Health (HITECH) Act, are as follows:

- The patient has the right to be notified of a protected health information breach.
- The patient has the right to ask for a copy of your electronic health record in electronic form.
- Collier Neurologic Specialists cannot sell a patient's health information without their permission.
- Certain uses of a patient's medical data, such as use of patient information in marketing, require prior disclosure and your authorization. Uses and disclosures not described in the Notice of Privacy Practices will only be made with a patient's authorization.
- A patient may pay in full for services out-of-pocket and instruct Collier Neurologic Specialists not share information about your treatment with their health plan.

My signature confirms that I have been informed of my provider's Notice of Privacy Practices containing a more complete description of the uses of disclosures of my protected health information. I have been offered a copy and therefore have been given the right to review such Notice of Privacy Practices; however it is also available for review at the front desk, waiting room, exam rooms, and company website www.collierneurologic.com.

Patient Name: _____ Relation to Patient: _____

Signature: _____ Date: _____

Authorization to Release Information to Others

Many of our patients allow family members or others close to them to call and request information regarding their condition and/or treatment. Under the requirements for HIPAA we are not allowed to give this information out without the patient's consent. If you wish to have your condition and/or treatment disclosed to someone else please indicate below. You have the right to revoke this consent in writing, except where we have already made disclosures in reliance on your prior consent.

☐ **Do not disclose my information to anyone but myself.**
☐ **You may disclose my information to the following:**

Name: (Please Print) _____ Relation to Patient: _____Date: _____

Name: (Please Print) _____ Relation to Patient: _____Date: _____

Name: (Please Print) _____ Relation to Patient: _____Date: _____

Name: (Please Print) _____ Relation to Patient: _____Date: _____

Patient Name: _____ Relation to Patient: _____

Signature: _____ Date: _____

For Office Use Only: We were unable to obtain the patient's written acknowledgment of our Notice of Privacy Practices due to the following reason: Communication Barriers ___ Emergency Situation ___ Other _____

Practice Representative Signature:_____