

Insight Family Health Center

HIPAA

Patient Information Acknowledgement

I have read and fully understand *Insight Family Health Center's* Notice of Patient Information Practices. I understand that *Insight Family Health Center* may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that *Insight Family Health Center* will consider requests for restriction on a case-by-case basis.

I hereby acknowledge to the use and disclosure of my personal health information for purposes as noted in *Insight Family Health Center's* Notice of Patient Information Practices. I understand that I reserve the right to revoke this acknowledgement by notifying the practice in writing at any time. I hereby acknowledge that I have received a copy of the Notice of Patient Information Practices.

Patient Name (Print)

Patient/Guardian Signature

Date

Designated Individuals Authorization

I hereby authorize one or all of the designated parties below to request and receive the release of protected health information regarding my treatment, payment or administrative operations related to treatment and/or payment. I understand that the identity of designated parties must be verified before the release of any information.

Authorized Designees:

Print Name

Relationship

Print Name

Relationship

Print Name

Relationship

Print Name

Relationship

Patient/Guardian Signature

Date

Insight Family Health Center
NOTICE OF PATIENT INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

Insight Family Health Center's LEGAL DUTY

Insight Family Health Center is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Insight Family Health Center uses your personal health information and may disclose this information primarily for providing treatment and continuity of care; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, *Insight Family Health Center* may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Insight Family Health Center may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, *Insight Family Health Center's* policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Insight Family Health Center may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request and updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. *Insight Family Health Center* will consider all such requests on a case-by-case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that *Insight Family Health Center* may have violated you privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on *Insight Family Health Center's* health information practices or if you have a complaint, please contact us at:

Insight Family Health Center
3175 Wrightsville Ave.
Wilmington, NC 28403
(910)763-1960