

## Trace Medical Clinic Privacy Consent

**This form is required by the new patient privacy regulations recently issued by the United States Department of Health and Human Services (HHS). Prior to commencing your medical treatment, you must review, sign and date this form.**

Your Protected Health Information (**PHI**) (i.e., individually identifiable information such as names, dates, phone/fax numbers, email addresses and demographic data) may be used in connection with your treatment, payment of your account or health care operations (**TPO**) (i.e., performance reviews, certification, accreditation and licensure).

You have the right to review our office's Notice of Privacy Practices (a copy of which was given to you with this Consent Form) prior to signing this Consent Form. This consent form must be reviewed and signed prior to treatment by the healthcare provider.

You have the right to request restrictions on the use of your PHI (Protected Health Information). However, we are not required to, and may not, honor your request.

We may amend the attached privacy notice at any time. If we do, we will provide you with a copy of the changes on your next visit to our office after the revision takes effect. The changes may not be implemented prior to the effective date of the revised notice.

You may revoke this Consent at any time in writing, except to the extent that the practice has already made disclosures in reliance upon your prior consent. If you revoke this consent, Trace Medical Clinic may decline to provide treatment to you. Your written revocation must be submitted to:

**Privacy Officer  
Trace Medical Clinic  
530 Veterans Memorial Drive  
Kosciusko, MS 39090  
Phone: (662) 289-9155**

Thank you for your cooperation. Please let us know if you have any questions.

|  |  |                         |
|--|--|-------------------------|
| Signature of Patient or Legal Guardian | Date   | Relationship to Patient |
| Print Patient's Name                   | Print Name of Legal Guardian (if applicable) |                         |

**Trace Medical Clinic**  
**Notice of Privacy Practices for Protected Health Information**

Effective Date: On or Before April 14, 2003

**This notice describes how your medical information may be used or disclosed, and how you may gain access to your medical information. PLEASE REVIEW THIS NOTICE CAREFULLY.**

**A. Our commitment to your privacy:**

Trace Medical Clinic is dedicated to maintaining the privacy of your individually identifiable health information (also called **Protected Health Information** or **PHI**). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you and to provide you with this Notice of our legal duties and the Privacy Practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

**The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.**

**B. We may use and disclose your PHI in the following ways with your consent:**

- 1. Treatment.** We may use your PHI to treat you. For example, we may ask you to have laboratory tests, and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, parents or a sitter. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
- 2. Payment.** We may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers, consultants and business entities that are involved in your treatment to assist in their billing and collection efforts.
- 3. Health Care Operations.** We may use and disclose your PHI to operate our clinic. Examples of the ways in which we may use and disclose your information for our operations:
  - to evaluate the quality of care you received from us; or
  - to conduct cost-management and business planning activities for our practice; or
  - to contact you and remind you of an appointment; or
  - to inform you of potential treatment options or alternatives; or
  - to inform you of health-related benefits or services that may be of interest of you.
  - Additionally, we may disclose your PHI to other health care providers and entities that are involved in your treatment to assist in their health care operations.
- 4. Research.** In certain limited circumstances we may provide your PHI to researchers when our review determines that they have established protocols to ensure the privacy of your PHI
- 5. Disclosures required by law.** We will use and disclose your PHI when required to do so by federal, state or local law.

### C. Use and disclosure of your PHI in certain special circumstances without your consent:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

- 1. Public health risks.** We may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of, for example:
  - maintaining vital records, such as births and deaths; or
  - reporting abuse or neglect victims; or
  - notifying a person regarding potential exposure to a communicable disease, such as tuberculosis; or
  - notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- 2. Health oversight activities.** We may disclose your PHI to a health oversight agency for activities authorized by law, for example, investigations or inspections by the government to check compliance by healthcare providers or organizations.
- 3. Lawsuits and similar proceedings.** We may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- 4. Law enforcement.** We may release PHI if required to do so by a local, federal or state law, judicial or administrative proceedings or law enforcement, for example:
  - regarding a crime victim in certain situations, e.g. domestic violence; or
  - inmates for their health and safety or that of the institution which houses them.
- 5. Deceased patients.** We may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
- 6. Serious threats to health or safety.** We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- 7. Specific Government Functions.** We may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities. We may disclose your PHI to federal officials for intelligence and national security activities authorized by law.
- 8. Workers' compensation.** We may release your PHI for workers' compensation and similar programs.

### D. Your privacy rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

- 1. Confidential communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. We will also make every attempt to provide an atmosphere that provides for the privacy of verbal and/or telephone communications to you or other parties regarding your PHI. However, we are not obligated to provide an atmosphere that is totally free of the possibility that your PHI may be overheard by other patients and third parties in the normal course of operation of our practice.
- 2. Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is

necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer (as specified below). Your request must describe in a clear and concise fashion:

- the information you wish restricted; and
- whether you are requesting to limit our practice's use, disclosure or both; and
- to whom you want the limits to apply.

**3. Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to our Privacy Officer (as specified below), in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances.

**4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. An amendment request must be made in writing, submitted to our Privacy Officer and must provide a reason for your request. Our practice will deny your request if you fail to submit your request (and its reason) in writing. Also, we may deny your request if you ask us to amend information that is not in our opinion:

- accurate and complete;
- part of the PHI kept by or for the practice;
- PHI which is allowed to be disclosed; or
- PHI which was created by our practice.

Should we deny your request, it will be in writing and will explain the reason for the denial.

**5. Accounting of disclosures.** All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented – for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. The list will not include disclosures made for national security or law enforcement purposes. In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer. All requests for an "accounting of disclosures" must state a time period, no be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**6. Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our Privacy Officer.

**7. Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint. Complaints must be filed within 180 days of the violation.

**8. Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: We are required to retain records of your care.

**If you have any questions regarding this Notice or our health information Privacy Policies, please contact:**

**Privacy Officer  
Trace Medical Clinic  
530 Veterans Memorial Drive  
Kosciusko, MS 39090  
Phone: (662) 289-9155**

**This Notice has been given to you as required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).**

## **Trace Medical Clinic Statement Accompanying Disclosures**

As the recipient of this Protected Health Information (PHI), you are prohibited from using this information for any purpose other than the stated purpose. You may disclose this information to another party ONLY:

- « With written authorization from the patient or his or her legal representative;
- « As required by state law; or
- « If urgently needed for the patient's continued care.

You must destroy this information after its stated need has been fulfilled.

If this disclosure contains information relating to alcohol or drug abuse education, training, treatment, rehabilitation, or research, the following shall apply:

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (Title 42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.