Patient Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for MWU Wellness Center to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO) (The Notice of Privacy Practices provided by MWU Wellness Center describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. MWU Wellness Center 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 MWU Wellness Center. With this consent MWU Wellness Clinic may call my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With consent, MWU Wellness Center may mail or e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

I have the right to request that MWU Wellness Center restrict how it uses or discloses my PHI to carry out TPO. 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 MWU Wellness Center to use and disclose my PHI to carry out TPO.

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, MWU Wellness Clinic may decline to provide treatment to me.

I have reviewed MWU Wellness Center’s, Notice of Privacy Practices and have been offered and have:
(   ) declined a copy.
(   ) received a copy.

_____________________________
Signature of patient or legal guardian

_____________________________
Print patient/legal guardian name

_____________________________
Relationship to patient

Parent/guardian must be provided with a signed copy of this authorization form
RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM

I, _________________________________ have reviewed MWU Wellness Center’s Notice of Privacy Practices.

I have been offered and have:

(    ) received a copy.
(    ) declined a copy.

_______________________________________________________
Signature of patient

_______________________________________________________
Date
Patient Authorization for Use and Disclosure of Protected Health Information

By signing, I authorize MWU Wellness Center to use and/or disclose certain protected health information (PHI) about me to:

__________________________________________________________
__________________________________________________________

This authorization permits MWU Wellness Center to use and/or disclose the following individually identifiable health information about me (specifically described the information to be used or disclosed, such as date(s) of services, type of services, level of detail to be released, origin of information, etc.):

__________________________________________________________

The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information. This authorization will expire on ____________________________.

The practice (    ) will, (    ) will not receive payment or other remuneration from a third party for exchange for use and disclosing the PHI.

I do not have to sign this authorization in order to receive treatment from MWU Wellness Center. In fact, I have the right to refuse to sign this authorization. When my information is used to disclose pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the Privacy Officer at:

MWU Wellness Center
555 31st Street
Downer’s Grove, Illinois 60515
(630) 515-7232

Signed by

Relationship to patient

Print Patient’s Name or name of Guardian

Date

Patient/Guardian must be provided with a signed copy of this authorization form.
PATIENT RIGHTS

Under HIPAA, you have the following rights with regard to your PHI:

- The right to authorize the use and disclosure of PHI for certain non-TPO purposes and for psychotherapy notes.
- The right to receive a copy of the practice’s Notice of Privacy Practices.
- The right to request restrictions on certain uses and disclosures of PHI.
- The right to request restrictions on how the practice communicates PHI to you.
- The right to inspect and copy PHI.
- The right to request a amendment of PHI.
- The right to an accounting of the disclosures of PHI made by the covered entity for purposes other than TPO and not pursuant to a valid authorization.
- The right to complain about alleged violations to the practice and DHHS.

HIPAA: Health Insurance Portability and Accountability Act of 1996

PHI: Protected Health Information.

HHI: Individually Identifiable Health Information (same as PHI).

TPO: Treatment, Payment and Healthcare operations.

Complete Notice of Privacy Practices available upon request.
As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO OUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

A: Our commitment to your privacy:

Our practice is committed 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 service we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of your 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 this time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

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 and 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 office in a visible location at all times, and you may request a copy of our most current notice at any time.

B: If you have any questions about this notice, please contact MWU Wellness Center.
C: We may use and disclose your PHI in the following ways:

1. **Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine 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 front office staff and medical students 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 or parents. Finally, we may also disclose your PHI to other healthcare providers for purposes related to your treatment.

2. **Payment.** Our practice 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 cost, 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 healthcare providers and entities to assist in their billing collections and efforts.

3. **Healthcare Operations.** Our practice may use and disclose to operate our business, As examples of the ways in which we may use and disclose your information for our operations, or practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost management and business planning activities for our practice. We may disclose your PHI to other healthcare providers and entities to assist in their healthcare operations.

4. **Appointment reminders.** Our practice may use and disclose your PHI to contact you and to remind you of an appointment.

5. **Treatment options.** Our practice may use and disclose your PHI to inform you of potential options or alternatives.

6. **Health related benefits and services.** Our practice may use and disclose your PHI to inform you of health related benefits or services that may be of interest to you.

7. **Release of information to family/friends.** Our practice may release your PHI to a friend or family member that is involved in your care or assists in taking care of you.

8. **Disclosures required by law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.
D. Use and disclosure of your PHI in certain special circumstances:

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

1. **Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
   - Maintaining vital records, such as births and deaths,
   - Reporting child abuse or neglect,
   - Preventing or controlling disease, injury or disability,
   - Notifying a person regarding potential exposure to communicable disease,
   - Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
   - Reporting reactions to drugs or problems with products or devices,
   - Notifying individuals if a product or device they may be using has been recalled,
   - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information, if the patient agrees or we are required or authorized by law to disclose the information,
   - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. **Health oversight activities.** Our practice may disclose PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities for the government to monitor government programs, compliance with civil rights laws and the healthcare system in genera.

3. **Lawsuits and similar procedures.** Our practice 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 to obtain an order protecting the information the party has requested.

4. **Law enforcement.** We may release PHI if asked to do so by a law enforcement official:
   - Regarding a crime victim in certain situations, if we are unable to obtain the persons agreement,
   - Concerning a death, we believe has resulted from criminal conduct,
   - Regarding criminal conduct at our offices,
   - In response to a warrant, summons, court order, subpoena, or similar legal process,
   - To identify/locate a suspect, material witness, fugitive or missing person,
   - In an emergency, to report a crime (including the location victim(s) of the crime, or the description, identity or location of the perpetrator).
5. **Deceased patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or identify the cause of death. If necessary we may also release information in order for funeral directors to perform their job.

6. **Organ and tissue donations.** Our practice may release your PHI to organizations who handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. **Research.** Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorizations satisfies all of the following conditions:

   a). The use or disclosure involves no more than a minimal risk to your privacy based on the following: (i) an adequate plan to protect the identifiers from improper use and disclosure; (ii) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (iii) adequate written assurances that the PHI will not be reused or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or other research for which the use or disclosure will otherwise be permitted;

   b). The research could not practicably be conducted without the waiver.

   c). The research could not practicably be conducted without access to and use of the PHI.

8. **Serious threats to health or safety.** Our practice may use and disclose your PHI when necessary to reduce and prevent a serious threat to your health and safety and the health and safety of another individual or to the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. **Military.** Our practice may disclose your PHI if you are a member of US or foreign military forces (including veterans) and if required by the appropriate authorities.

10. **National security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. **Inmates.** Our practice may disclosure your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Discloser for these purposes would be necessary; (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
12. **Workers’ Compensation.** Our practice may disclose your PHI for Workers’ Compensation and similar programs.

**E. Your rights regarding your PHI:** you have the following rights regarding 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 work. In order to request a type of confidential communication, you must make a written request to MWU Wellness Center at telephone number (605) 515-7233, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will do everything we are able to accommodate reasonable requests. You do not need to give a reason for your request.

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 accept 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 MWU Wellness Center. Your request must describe in a clear and concise fashion:
   - The information you wish restricted,
   - Whether you are requesting to limit our practices use, disclosure or both,
   - 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, but not including psychotherapy notes. You must submit your request in writing to MWU Wellness Clinic 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; however, you may request a review of our denial. Another licensed healthcare professional, chosen by us, will conduct reviews.

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. To request an amendment, your request must be made in writing and submitted to MWU Wellness Center. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reasons supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion; (a) accurate and complete; (b) not part of the PHI kept by and for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting disclosures.** All of our patients have the right to request “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for purpose not treated 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 doctors sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an “accounting of disclosures” you must submit your request in writing to MWU Wellness Center. All requests for an “accounting of disclosure” must state a time period, which may not 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 twelve (12) month period is free of charge, but our practice may charge you for additional lists within the same twelve (12) month period. Our practice will not notify you of the costs involved in 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 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 copy of this notice please contact MWU Wellness Center at telephone number (630) 515-7233.

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 Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact MWU Wellness Clinic (630) 515-7233. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. **Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorization for used and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provided 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 not longer use or disclose your PHI for the reasons described in the authorization. **Please note: We are required to retain records of your care.**

Again, if you have any questions regarding this notice or are health information privacy policies, please contact MWU Wellness Center (630) 515-7233.