

Warner Orthopedics and Wellness

Doing business as: Center for Innovations in Evaluative Medicine (CIEM) and Physio PT

Meredith Warner, M.D., MBA; Belinda Cowart, PA-C; Steve Levins, PT

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You may refuse to sign this acknowledgement. ****

I, _____, have received a copy of this office's
Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices,
but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining this acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other: (please specify) _____

Signature of office staff (if not obtained): _____

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PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

Under Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights to privacy, which are outlined in the HIPAA/Notice of Privacy Practices provided. Your private health information (PHI) will be used to:

1. Plan, conduct, and direct your treatment and follow-up among multiple health care providers involved in your treatment.
2. Obtain payment from third party payers.
3. Conduct normal healthcare operations such as quality assessment and physician certification.

By signing this form, you consent to Dr. Meredith Warner and staff for use and/or disclosure of your private health information (PHI) to carry out treatment, payment, and health care operations. You have a right to review a NOTICE OF PRIVACY PRACTICES prior to signing this consent. This Notice provides information about how Dr. Meredith Warner and her staff may use and/or disclose protected health information about you for your treatment, payment, health care operations, and as otherwise allowed by law. The terms of this Notice apply to all records containing your PHI that are created or retained by this practice.

We reserve the right to revise or amend our Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that we may create or maintain in the future. You may request a copy of our most current Notice at any time. You may revoke this consent in writing and it must be presented to the current office manager for our records, but such a revocation will not be effective as to the disclosure of records whose release you have previously authorized.

(Signature of Patient or Legal Guardian)

(Relationship to Patient)

(Printed Name)

(Date)

Warner Orthopedics and Wellness**Doing business as: Center for Innovations in Evaluative Medicine (CIEM) and PHYSIO PT**

Meredith Warner, M.D., MBA; Belinda Cowart, PA-C; Steve Levins, PT

NOTICE OF PRIVACY PRACTICES

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 may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.

A. Our commitment to your privacy:

Our practice 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. We are also required by law 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 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 this 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 we may create or maintain in the future. You may request a copy of our most current Notice at any time.

B. If you have questions about this Notice, please contact: Evelyn Estes, office manager, at 225-754-8888.**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. Finally, we may also disclose your PHI to other health care 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 we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs. We may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
- **3. Health Care Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our 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 health care providers and entities to assist in their health care operations.
- **4. Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.

- **5. Treatment Options and Health-Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives. Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- **6. 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:

- Public health risks.** Maintaining vital records such as births and deaths. Reporting child abuse or neglect. Preventing or controlling disease, injury, or disability. 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 your employer under limited circumstances related primarily to workplace injury or illness and medical surveillance.
 - Health oversight activities.** To a health oversight agency for activities authorized by law. Can include: investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.
 - Lawsuits and similar proceedings.** In response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. 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.
 - Law enforcement.** If asked to do so by a law enforcement official: regarding a crime victim in certain situations, concerning a death related to criminal conduct, regarding criminal conduct at our office, 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.
 - Research.** Our practice may use and disclose your PHI for research purposes in limited circumstances. We will obtain your written authorization to use your PHI under these circumstances.
 - Serious threats to health or safety.** 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.
 - Military.** If you are a member of U.S or foreign military forces (including veterans) and if required by appropriate authorities.
 - National security.** To federal officials for intelligence and national or federal security activities authorized by law, or to conduct investigations.
 - Inmates.** To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official to allow the institution to provide health care services to you.
 - Workers' Compensation.** Our practice may release your PHI for workers' compensation and similar programs.
- E. Your Rights Regarding Your PHI:** You have the following rights regarding the PHI that we maintain about you:
- Confidential communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner, such as preference for us to contact you at home rather than work.

- b. **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. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to the current office manager.
- c. **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 the current office manager, this request will be forwarded to the appropriate medical record source. 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 in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.
- d. **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 our current office manager. 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 reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: accurate and complete, not part of the PHI kept by or for the practice, not part of the PHI which you would be permitted to inspect and copy, or not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- e. **Accounting of disclosures.** All of our patients have the right to request an “accounting” of disclosures. This 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. In order to obtain an accounting of disclosures, you must submit your request in writing to the current office manager. All requests must state a time period. Our office may charge a fee for this service.
- f. **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 current office manager.
- g. **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 current office manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- h. **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, but must be a written submission. 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.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact Evelyn Estes, office manager, at 225-754-8888.