



PERLIS WELLNESS CENTER

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NOTICE OF PRIVACY PRACTICES & RECEIPT

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. (EFFECTIVE DATE: 4/14/2003)

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff, and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and other use required by law.

TREATMENT

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. Your protected health information may be provided to a physician to who you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

PAYMENT

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

HEALTHCARE OPERATIONS

We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. We will call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. The situations include: as required bylaw, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, Food and Drug Administration requirements, legal proceedings, law enforcement, coroners, funeral directors and organ donation, research, criminal activity, military activity, national security, Workers' Compensation.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required bylaw.

CONSENT FOR RELEASE & USE OF CONFIDENTIAL INFORMATION AND RECEIPT OF NOTICE OF PRIVACY PRACTICES

I understand that Perlis Wellness Center has reserved the right to change the privacy practices that are described in the Notice. I understand that a copy of any Revised Notice will be provided to me upon request.

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving a written notice of my desire to do so to Perlis Wellness Center. I also understand that I will not be able to revoke this consent in cases where Perlis Wellness Center has already relied on it to use or disclose my health information. Written revocation of consent must be sent to Perlis Wellness Center's office.

Patient or Guardian Signature

Date