

9834 Genesee Avenue Ste 112 La Jolla 92037 | 15644 Pomerado Road, Ste 102 Poway 92064

HIPAA COMPLIANCE REQUIREMENT

PATIENT CONSENT TO THE USE/DISCLOSURE OF PRIVATE HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS

I, ______, understand that as part of my health care, Arthritis Care and Research Center, Inc (ACRC), originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment,
- A means of communication among the health professionals who contribute to my care,
- A source of information for applying my diagnosis and surgical information to my bill,
- A means by which a third-party payer can verify services billed were actually provided, and,
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax.

On occasion, ACRC may have confidential health information about you, such as laboratory results, which we may wish to convey to you by telephone. Please indicate below how you would like us to handle this:

Call this number ()	-	to leave all health-related information.
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LEAVE DO NOT LEAVE detailed messages on the Answering Machine

Write Only, **do not call** (This means your doctor can **NEVER** call you, even with lab results).

My confidential health information may be discussed with the following people:

1	2	3
My signature acknowl Policies for ACRC Pat		I from ACRC a copy of the <i>Notice of Privacy</i>
Patient's Signature		Date

Printed Name ______Address _____Home Phone ______ Person to notify in case of Emergency ______ Phone ______Relationship ______