

**Patient Privacy Notice and Information Consent Form**



Of significant concern to healthcare organizations is the Administrative Simplification Section of the Health Insurance Portability & Accountability (HIPAA) act (Federal Law). This act requires healthcare organizations to comply with specific rules regarding:

- Unique identifiers for health plans, providers, individuals, employers
- Healthcare Transaction & Code Sets for transmitting data electronically
- Privacy regulations over disclosure and use of health information
- Security regulations over protections of electronic health information

I have read and fully understand Joints In Motion Medical’s Notice of Information Practices as written in the “Your Patient Information” booklet. I understand that Joints In Motion Medical may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided, and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment, and administrative operations if I notify Joints In Motion Medical in writing, I also understand that Joints In Motion Medical will consider requests on a case-by-case basis, but does not have to agree to requests for restrictions.

In order to effectively communicate with you regarding your treatment and payment, Joints In Motion Medical may leave medical information pertaining to your care by telephone, email, and/or voicemail. In addition, we request permission to disclose medical information pertaining to your care with those in your household that have access to your telephone, email, and voicemail. If you do not want Joints In Motion Medical to leave detailed voicemail messages or disclose medical information to others in your household please check the box below and supply the best daytime phone number in which to reach you directly:

Please *DO NOT* leave detailed voicemail messages or disclose medical information to other members of my household. The daytime phone number that should be used to contact me directly is (\_\_\_\_\_)\_\_\_\_\_

**I hereby consent to the use and disclosure of my personal health information for purposes noted in Joints In Motion Medical’s Notice of Information Practices. I understand that I have the right to revoke this consent by notifying Joints In Motion Medical in writing at any time.**

Patient Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_