

How may we contact you?

Check all that apply: Phone Cell Fax Email

Home Phone: _____ May we leave a message? yes no

Work Phone: _____ May we leave a message? yes no

Cell Phone: _____ May we leave a message? yes no

Fax: _____ May we leave a message? yes no

Email: _____ May we leave a message? yes no

Central Family Practice Billing Information

I understand that the practitioners at Central Family Practice are NOT Medicare or Medicaid providers (we are opted out), and that claims from our practice can't be submitted to Medicare or Medicaid for reimbursement.

I also understand that Central Family Practice does not participate in any form of third party billing (private insurance plans) and expects payment at the time of services. I understand that I am responsible for filing claims with my own insurance company for reimbursement, and realize that Central Family Practice would be considered an out of network provider.

(Central Family Practice also recommends that since our practitioners are not on your insurance plan, you contact your insurance provider to determine coverage before having any blood work done by labs such as Quest, CPL, or LabCorp. In some instances, it may be less expensive to pay out of pocket for blood work than to pay your insurance portion of lab costs.)

Patient Signature

Date

**Central Family Practice
Patient Portal Consent Form**

Central Family Practice is offering a secure, HIPAA compliant electronic tool as a free courtesy to our patients. You can access your lab results and emails from your caregiver through this “patient portal”. This form is intended to inform you of the facts and risks surrounding its use. By signing below, you confirm that you have read, understand, and agree to comply with our procedures and guidelines for using the Patient Portal. You also agree not to hold Central Family or any of their staff liable for network infractions beyond their control. If there is information that you don’t want transmitted via online communication, please inform us.

It works like this: If you provide us your email address and sign this permission form, CFP sends an invitation to your email to accept the portal. The message will contain a user name and a temporary password, (which you will change). Your email address, username and password are confidential and protected. We never share your personal information without your consent. Please remember to keep your password private.

We feel this is a great way for your healthcare provider to communicate directly with you. You can log on and see your results and recommendations at any time. Of course, we will always call you directly for immediate concerns.

- Yes, I want to receive information electronically (fill out below information). **OR**
- No, I am declining this option

Confidential email, please print
clearly: _____

Patient Name: _____ Date of Birth: _____

Print name of Parent/Guardian requesting access: _____

Signature: _____ Date: _____

Central Family Practice
720 W. 34th Street, Suite 105
Austin, TX 78705
512.371.9260

Privacy Notice Acknowledgment
(see page 4)

I acknowledge that I have received a copy of the Privacy Notice for Central Family Practice.
Privacy Notice Revision Date: July 31, 2007

Patient or Representative Signature

Date

Representative's Relation to Patient

Above: Patient or representative use only.

Below: Provider use only.

Documentation of Good Faith Effort

The patient identified above was provided with a copy of the HIPPA Privacy Rules on this date. A good faith effort has been made to obtain a written acknowledgment of the patient's receipt of the HIPPA Privacy Rules. However, acknowledgment has not been obtained because:

- Patient refused to sign the Privacy Notice
- Patient was unable to sign because: _____
- There was a medical emergency. Provider will attempt to obtain acknowledgment as soon as practical.
- Other reason (describe): _____

Employee Signature

Date

Central Family Practice
720 W. 34th Street, Suite 105
Austin, Texas 78705

We follow federal HIPPA guidelines in maintaining the privacy of our patient's medical records. The federal HIPPA Privacy Rule and Public Health standards can be found in their entirety at the website: www.hhs.gov/ocr/hipaa/

A summary of our policy for handling your protected health information (PHI) in accordance with HIPPA is as follows:

Upon written request, we will provide you with a copy of your PHI (protected health information). We will process this request in no longer than 30 days following receipt of the request. In certain circumstances, we will send PHI to you without written consent if it is being sent directly to you at the address we have on file and is, for example, a small amount of information such as a lab report. We will also accept verbal authorization from you to send vaccine records to your child's school.

We may deny an individual access to all or part of his or her PHI when:

- Requested information contains psychotherapy notes;
- Information is compiled in anticipation of or for use in a civil, criminal, or administrative action or proceeding;
- Information is requested by an inmate
- A licensed healthcare professional determines that it is reasonable likely that access to the requested information would endanger the life or physical safety of the individual or another person.

PHI can be shared with other practitioners within our practice here at CFP on a "need to know" basis and with the understanding that all practitioners follow HIPPA guidelines related to privacy. You have the right to request restrictions on the uses or disclosures of your PHI. For example, you may request that a particular medical procedure be kept confidential and not shared with other providers. Although we are not required to agree to such a restriction, if we enter into an agreement to restrict, we must abide by the agreement, except in emergency circumstances

Written authorization must be received from you in order for us to release your records to outside entities. In some circumstances, a fee is charged for records requests. Exceptions to written authorization are if the information is being requested for billing/ insurance purposes, if the information is being sent to a practitioner that we have referred you to and is needed in order to provide you with appropriate medical care, in which case permission has been implied in accepting the referral to the practitioner outside of our practice. Another exception would be when PHI is required by other local, state or federal laws, as in the case of reporting abuse or neglect, for example.

If you disagree with a medical opinion in your PHI, you can submit a second opinion to be included in your medical record. However, CFP may deny an individual's request for amendment, for example, if we determine that we did not create the information or that the information would not be available for inspection because the individual does not have a right to access. All requests for amendments must be submitted in writing. Any denial of your request must be explained to you in writing.