

HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT--HIPAA

The department of Health and Human Services has established a "Privacy Rule" to help ensure that personal health information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment or health care operations.

As our patient we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precaution to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information only to those we feel are in need of your health care information and information about treatment, payment, or health care operations, in order to provide health care services that are in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients) and may not have to disclose personal health information for purposes of treatment, payment or health care operations. These entities are most often not required to obtain written consent.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to provide treatment to you should you refuse all or part of your PHI. You may not revoke action that have already been taken which relied on this or a previously signed consent. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have viewed our privacy notice. You may review SIMPLE's notice of privacy practices on the website or you can ask for a printed copy in the office. The signing of the consent form verifies that you have received/reviewed/or been offered the "Notice of Privacy" practices information as mandated by the Health Insurance Portability Act of 1996. (HIPAA) and understand it.

Do we have your permission to communicate with you via mobile texting? **YES** **NO**

I hereby authorize SIMPLE and/or its agents to release my medical information to the following:

(Please check all that apply-**PLEASE PRINT**)

<input type="checkbox"/> Spouse/Significant Other _____	Phone _____
<input type="checkbox"/> Child _____	Phone _____
<input type="checkbox"/> Child _____	Phone _____
<input type="checkbox"/> Other _____	Phone _____
<input type="checkbox"/> NO ONE!	

I understand that the above selections will remain valid until changed by me (the patient) in writing.

Patient Signature: _____ **Date:** _____

Print Name: _____

SIMPLE **Ownership Disclosure-Dr. Samantha Durland owns SIMPLE. This notice serves as disclosure to patients and/or clients that Dr. Durland may profit from services rendered or products sold within any business operation/DBA held under SIMPLE. We acknowledge that you have the right to choose the provider(s) of all of your healthcare services.

JANUARY 1, 2018