



NORTHRIDGE
EYE CARE, APC

Privacy Practices Acknowledgment and Consent Form

- I have received your Notice of Privacy Practices and/or I have been provided an opportunity to review it.
- I agree that telephone messages regarding my appointments, prescription renewals, lab results, and all other Protected Health Information* ("PHI"), may be left for me on voicemail systems and answering machines at the following telephone numbers, in addition to any other means of contact provided to you by me:
 - (____) ____-____-____ Home/Office/Cell/Email. _____
 - (____) ____-____-____ Home/Office/Cell/Email. _____
 - (____) ____-____-____ Home/Office/Cell/Email. _____

[If we need to contact you with Lab results, please place a check mark next to the preferred contact number, if any.]

- I agree that my PHI may be shared with my spouse. _____
- I agree that my PHI may be shared with the following other people:

Name	Phone Number	Date of Birth
_____	_____	_____
_____	_____	_____

I understand that I can change any of the foregoing agreements, at any time, by giving written notice to **Northridge Eye Care**. My PHI may be further disclosed by such recipient for the purposes referenced above and that my PHI may no longer be protected by state and federal laws because I have authorized the release of such information. I also understand that if any harm results after the authorized release to such person(s) I will **INDEMNIFY Northridge Eye Care** of any damages.

**as defined in the Health Insurance Portability and Accountability Act of 1996 and its regulations, as may be amended from time-to-time ("HIPAA")*

Patient Name (print): _____

Signature: _____

Date: _____

If the patient is a minor (under 18 years of age), the responsible parent or guardian must sign above, and fill in the information below.

Parent/Guardian Name (print): _____ Relationship to Patient: _____

*****Patient chart files/PPAC**



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PATIENT CONSENT FORM

The Department of Health & Human Services has established a "Privacy Rule" to help insure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain healthcare providers to obtain their patients consent for uses & 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 & protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate & necessary, we provide the minimum necessary information to only those we feel are in need of your health care information about treatment, payment or health care operations, in order to provide health care that is 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 have to disclose personal health information, for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use of disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you, should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

Signature _____
Date _____

COMPLIANCE ASSURANCE NOTIFICATION FOR OUR PATIENTS

To Our Valued Patients:

The misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation, and money. We want you to know that all of our employees, managers & doctors continually undergo training so that they may understand & comply with government rules & regulations regarding the Health Insurance Portability & Accountability Act (HIPAA) with particular emphasis on the "Privacy Rule". We strive to achieve the very highest standard of ethics & integrity in performing services for our patients.

It is our policy to properly determine appropriate use of PHI in accordance with the governmental rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

We know that we are not perfect. Because of this fact, our policy is to listen to our employees & our patients without any thought of penalization if they feel that an event in any way compromises our policy of integrity. More so, we welcome your input regarding any service problem so that we may remedy the situation promptly. Thank you for being one of our highly valued patients.