

MT AUBURN URGENT CARE

HIPAA information and consent form

The health insurance portability and accountability act (HIPAA) provides safeguards to protect your privacy. HIPAA provides certain rights and protections to you as the patient. Additional information is available from the US department of health and human services at www.hhs.gov

1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, exam room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.
2. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
3. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
4. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
5. Your confidential information will not be used for the purpose of marketing or advertising of products, goods, or services.
6. We agree to provide patient with access to their records in accordance with state and federal laws.
7. We may change, add, delete or modify any of these provisions to better serve the needs of both the practice and the patient.
8. You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal procedures to conform to your request.

MT AUBURN URGENT CARE –CONSENT FOR MEDICAL TREATMENT

Thank you for choosing Mt Auburn Urgent Care as your healthcare provider. We are committed to providing quality medical care. We ask that you read, sign and return this form to us prior to your treatment. Payment is required at time of service and may be in the form of cash and debit or credit card. **We do not accept personal checks.**

Patient or patient's legal representative agrees to the following terms of treatment:

I consent to any exam, evaluation and treatment regarding my illness, injury or other health concern affecting me at any time I present to Mt Auburn Urgent Care. These services may include lab procedures, xrays and other medical/surgical treatments. My personal information will be updated at the time of each visit to Mt Auburn Urgent Care. I am a patient, the parent of a minor child, or the legal representative of the patient and I authorize MAUC to submit a claim on my behalf. I understand that I am financially responsible for any non-covered service. I have read and understand this treatment agreement.

I, _____
do hereby consent and acknowledge my agreement to the terms set forth in the HIPAA information form, the MAUC consent for medical treatment form and any subsequent changes in the office policy. I understand that this consent shall remain in force from this time forward.

Signature _____ relationship to patient _____

Witness (staff) _____ date _____