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HIPAA Information and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Many of the policies have been our practice for years. Hopefully, this "friendly" version helps decipher this Act for you. A complete text is available in our offices and additional information is available from the U.S. Department of Health and Human Services.

In accordance with HIPAA guidelines, we have adopted the following policies:

- (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 sharing of information with other health care 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, as least temporarily, in administrative areas such as the front office, examination 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) It is the policy of Body Renovation to remind patients of appointments. We can do this by telephone, e-mail, mail or other means convenient for the practice and/or as requested by you. We may send other communications informing you of changes to office policy and new technology that you might find valuable or informative.
- (3) 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.
- (4) 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.
- (5) You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
- (6) Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
- (7) We agree to provide patients with access to their records in accordance with state and federal laws.
- (8) We may change, add, delete or modify any of these provisions to better serve the needs of both the practice and patient.
- (9) 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 policies to conform to your request.

I, _____, dated _____, do hereby consent and acknowledge my agreement to the terms set forth in the HIPAA Information and Consent Form, and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.

HIPAA AUTHORIZATION

In compliance with HIPAA regulations, I authorize the following individuals to receive verbal information regarding my account:
