

Acknowledgement of Notice of Privacy Practices & Consent to Release Confidential Information

I acknowledge receipt of the Physicians' Notice of Privacy Practices which provides detailed information about how the practice may use and disclose my confidential information. I understand the physician reserves the right to change privacy practices as needed only in order to improve patient confidentiality and my healthcare.

I, _____, hereby give my consent to ***Effingham Obstetrics & Gynecology Associates, LLC***, to disclose, for the purpose of carrying out treatment, payment, or health care operations, all information contained in the patient record of _____.
(Name of patient or Guarantor, if minor) (Patient's Name)

Consent for ***Effingham Obstetrics & Gynecology Associates, LLC***, to retrieve my medication history: Yes No

Phone # where you can be reached during office hours: _____

Leave Messages on voice mail: Yes No Appointments Billing Test Results

Leave Message with another person: Yes No Appointments Billing Test Results

Email: _____

You may also release my confidential protected health information to the following persons upon receipt of proper identification:

Name Relationship Phone # _____ Appointments
 Billing
 Test Results
 Emergency Contact

Name Relationship Phone # _____ Appointments
 Billing
 Test Results
 Emergency Contact

Name Relationship Phone # _____ Appointments
 Billing
 Test Results
 Emergency Contact

I understand that this Request is valid until it is revoked by me. I understand that I may revoke this request at any time with written notice.

Signed: _____ Date: _____
(Patient)

Signed: _____ Date: _____
(Guarantor or Guardian if minor) *Relationship*

CONSENT FORM DEFINITIONS

“Health care operations” refers to a large number of activities, including:

1. Conducting quality assessment and improvement activities, including outcome evaluation and development of clinical guidelines, provided that the obtaining of generalized knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing healthcare costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
3. Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance);
4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
5. Business planning and development, such as conducting cost management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and
6. Business management and general administrative activities including, but not limited to: (a) management activities relating to HIPAA privacy rule compliance; (b) customer services, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer; (c) resolution of internal grievances; (d) due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a covered entity or, following completion of the sale or transfer, will become a covered entity; and (e) creating de-identified health information, fundraising for the benefit of the covered entity, and marketing for which an individual authorization is not required.

“Payment” means the activities undertaken by the physician to obtain reimbursement for the provision of health care. These activities referred to in this definition relate to the individual to whom health care is provided and include, but are not limited to:

1. Determination of eligibility coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
2. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing;
3. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
4. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and
5. Disclosure to consumer reporting agencies of any of the following information relating to reimbursement: name and address, date of birth, Social Security number, payment history, account number, and name and address of the physician.
6. This statement serves as authorization to my insurance company to pay my medical benefits directly to your office. If my account is past due 90 days or more and I have not made arrangements for payment, I will be responsible for all fees incurred plus 33% of all collections and/or attorney fees.

“Treatment” means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider or another.

“Use” means the sharing, employment, application, utilization, examination, or analysis of patient information within the physician’s practice that maintains such information.