



# Notice of Privacy Practices and Consent Form

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## Patient Information

Last:	First:	Middle:
Birth date:	Gender: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other, please specify:	
Address:		
Cell phone:	Home phone:	Work phone:
Email:		

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## Emergency Contact Information

Name:	Relationship to patient:	
Address:		
Cell phone:	Home phone:	Work phone:
Email:		

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## Health Care Authorization and Release

I give my permission to FIT Health Services to provide medical treatment (diagnostic and therapeutic procedures) for me as may be deemed necessary as requested, and as needed in the event of an emergency.

Signature:	Date:
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## Notice of Privacy Practices and Patient Rights and Responsibilities

The FIT Health Services Notice of Privacy Practices (page 2 and 3) describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Patient Rights and Responsibilities (page 4 and 5) describes how FIT Health Services is committed to maintaining the rights, dignity and well-being of its patients. Likewise, FIT Health Services has a right to expect reasonable and responsible behavior from patients, their relatives and friends.

I acknowledge that I have read and/or received a copy of the FIT Health Services Notice of Privacy Practices and Patient Rights and Responsibilities.

Signature:	Date:
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# Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

#### Ask us to limit what we share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say "yes" unless a law requires us to share that information.

#### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

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In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

## OUR USES AND DISCLOSURES

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

<b>Treat you</b>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with other professionals who are treating you.</li> </ul>	<i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i>
<b>Run our organization</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li> </ul>	<i>Example: We use health information about you to manage your treatment and services.</i>
<b>Bill for your services</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone’s health or safety</li> </ul> </li> </ul>	
<b>Do research</b>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>	
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.</li> </ul>	
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> </ul>	
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>	
<b>Address workers’ compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"> <li>• We can use or share health information about you: <ul style="list-style-type: none"> <li>• For workers’ compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul> </li> </ul>	
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>	

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

# Patient Rights and Responsibilities

**FIT Health Services is committed to maintaining the rights, dignity and well-being of its patients. The following Patient Rights and Responsibilities are designed to establish an equal and effective partnership between healthcare providers and patients, which will enable FIT Health Services to promote and protect the health care possible for its patients.**

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## PATIENT RIGHTS

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- Patient has the right to privacy, the right to be treated with respect, consideration and dignity, the right to confidentiality of health care information.
- Patient has the right to be provided with complete information, the right to participate in health care decision-making including the right to consent to or refuse treatment, the right to select a health care provider whenever possible. Patients have the right to change health care providers by scheduling with a different provider. Patients have the right to information regarding Advance Care Directives.
- Patient has the right to be treated in a safe setting regardless of age, gender, race, national origin, religion, sexual orientation, gender identity, or disabilities.
- Patient has the right to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
- Patient has the right to be called by their preferred name, pronoun and to be in an environment that maintains personal dignity and adds to a positive self-image.
- Patient has the right to be told the names of doctors, nurses, and all health care team members directing and/or providing care.
- Patients are given the opportunity to participate in decisions involving health care, except when such participation is contraindicated for medical reasons.
- Patient has the right to be told, by their healthcare provider, about their diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment, including unexpected outcomes. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- Patient has the right to give written informed consent before any non-emergency procedure begins.
- Patient has the right to select and/or change their healthcare provider if other qualified providers are available.
- Patient has the right to access care easily and in a timely fashion.
- Patient has the right to be free from restraints and seclusion in any form that is not medically required.
- Patient can expect full consideration of privacy and confidentiality in care discussions, exams, and treatments. The patient may ask for a chaperone during any type of exam.
- Patient has the right to access protective and advocacy services in cases of abuse or neglect. FIT HS will refer the student to the title IX Coordinator or Public Safety Department.
- Patient and the patients' family and friends, with the patients' permission, have the right to participate in decisions about the patient's care, treatment, and services provided. This includes the right to refuse treatment to the extent permitted by law, except when such participation is contraindicated for medical reasons. If the patient decides to leave the Health Services against the advice of their healthcare provider, FIT Health Services and its healthcare providers will not be responsible for any medical consequences that may occur.
- Patient has the right to agree or refuse to take part in medical research studies. The patient may withdraw from a study at any time without impacting their access to standard care.
- Patient has the right to communication that can be understood. Information given will be appropriate to the patient's age, understanding, and language, when appropriate. If the patient has vision, speech, hearing, and/or other impairments, the patient will receive additional aids to ensure your care needs are met, whenever possible. Patients in need of accommodations will be referred to the FIT Disability Support Services (FIT-ABLE).
- Patient has the right to be involved in their discharge plan. The patient can expect to be told, in a timely manner, of discharge, transfer to another facility, or transfer to another level of care. Before discharge, the patient can expect to receive information about follow-up care that is needed.
- Patient can expect that all communication and records about their care are confidential, unless disclosure is permitted by law. The patient has the right to see or get a copy of their medical records. The patient may request an amendment to their medical record.
- Patient has the right to an individual exam room, with the exception of emergencies in the cot room, where beds are separated by a curtain.
- All consultations are to be done in an exam room, the treatment room or cot room at FIT HS.



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## **PATIENT RESPONSIBILITIES**

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- Patient is expected to provide complete and accurate information, including full name, address, telephone number, date of birth, Social Security number, insurance carrier and employer when it is necessary.
  - Patient is expected to provide complete and accurate information, to the best of their ability, about their health, medical history, medications, including over-the-counter products and dietary supplements, allergies and sensitivities, and any other matters that pertain to their health, including perceived safety risks.
  - Patient is expected to follow the treatment plan prescribed by their healthcare provider and to participate in their care. The patient is expected to ask questions when information or instructions are not understood. If the patient believes they cannot follow through with their treatment plan, they are responsible for informing their healthcare provider. The patient is responsible for outcomes if they do not follow the care, treatment, and/or service plan.
  - Patient is expected to treat all Health Services staff, other patients, and visitors with courtesy and respect; abide by all healthcare rules and safety regulations; and be mindful of noise levels, privacy, and number of visitors.
  - Patient is expected to provide complete and accurate information about their health insurance coverage, accept personal financial responsibility for any charges not covered by insurance, and to pay their bills in a timely manner.
  - Patient has the responsibility to keep appointments, be on time, and call their healthcare provider if they are unable to keep their appointments.
  - Patient is expected to provide a responsible adult for transportation home from FIT Health Services and this responsible adult should remain with the patient for 24 hours, if required by the healthcare provider.
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