HIPAA Information and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy.  
Implementation of HIPAA requirements officially began on April 14,2003.

What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your  
Protected Health Information (PHI). These restrictions do not include the normal interchange of information  
necessary to provide you with office services. HIPAA provides certain rights and protections to you as the  
patient. We balance these needs with our goal of providing you with quality professional service and care.  
Additional information is available from the U.S. Department of Health and Human Services, [www.lihs.gov](http://www.lihs.gov)

NWEC has 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 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 the office on the desk. 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 this office to remind patients of their appointments. I may do this by telephone, text, e-mail,

U.S mail, or by any means convenient for the practice and/or as requested by you. I may send you other  
communications informing you of changes to office policy and new technology that you might find valuable or  
informative.

1. 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.
2. 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.
3. You agree to bring any concerns or complaints regarding privacy to the attention of the therapist.

6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods  
or services.

7. I agree to provide clients with access to their records in accordance with state and federal laws,

8. I may change, add, delete or modify any of these provisions to better serve the needs of the both the  
practice and the 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, I are not obligated to alter internal  
policies to conform to your request.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_do hereby consent and

acknowledge my agreement to the terms set forth in the HIPAA INFORMATION FORM and any  
subsequent changes in office policy. I understand that this consent shall remain in force  
from this time forward.