



HIPAA Consent to Share Information

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information. The individual is also provided the right to request confidential communication or that communication be made by alternate means, such as sending correspondence to the individual's office instead of the individual's home.

Patient Name: _____ Date of Birth: _____

Please indicate your preferred method of contact:

- Home Phone _____ May we leave a detailed message? Yes No
- Cell Phone _____ May we leave a detailed message? Yes No
- Work Phone _____ May we leave a detailed message? Yes No

I authorize Alpha Med Physicians Group, LLC to release my medical information to the person(s) listed below. I understand that the person(s) named on this authorization will be given access to obtain results/information on my behalf. I authorize the person(s) indicated to pick-up materials pertinent to my medical care.

<u>Name</u>	<u>Relationship to Patient</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient Signature: _____ Date: _____

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In lieu of patient signature, I, _____, as a staff member of Alpha Med Physicians Group, LLC, state that _____ has been provided with current Notice of Privacy Practices.

Staff Signature: _____ Date: _____



HIPAA Consent Form

Consent for Release and Use of Confidential Information and Receipt of Notice of Privacy Practices Form

I (*name of patient or authorized agent*), _____, date of birth _____,

Hereby give my consent to Alpha Med Physicians Group, LLC to use or disclose, for the purpose of carrying out treatment, payment, or health care operations, all information contained in the patient record of (*patient name*) _____.

I acknowledge receipt of the physician's Notice of Privacy Practices. The Notice of Privacy Practices provides detailed information about how the practice may use and disclose my confidential information.

I understand that the physician has reserved a right to change his or her privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided to me or made available in the office as well as online at www.alphamedphysicians.com.

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so. I also understand that I will not be able to revoke this consent in cases where the physician has already relied on it to use or disclose my health information. Written revocation of consent must be sent to the physician's office.

Patient Signature: _____ Date: _____

If you are not the patient, please specify your relationship to the patient: _____

Consent form Definitions

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

1. Conducting quality assessment and improvement activities, including outcome evaluations and development of clinical guidelines, provided that obtainment of generalizable knowledge is not the primary purpose of any studies resulting from such activities; patient safety activities (as defined in 42 CFR 3.20); population-based activities related to improving health or reducing health care costs; protocol development; case management and coordination of care; 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. Except as prohibited under 45 CFR 164.502 (a)(5)(i), underwriting, enrollment, premium rating, and other activities related to 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 loss of 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.
6. Business management and general administration 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.

The term “Payment” relates to the activities undertaken by the physician to obtain reimbursement for the provision of health care. The 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.
5. Disclosure to consumer reporting agencies of any of the following information related to reimbursement: name and address, date of birth, Social Security number, payment history, account number, and name and address of the physician.

The term “Treatment” pertains to 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 related to a patient; or the referral of a patient for health care from one health care provider to another.

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