

Print Name: _____
Date of Birth: _____

HIPAA - Notice of Privacy Practice

HIPAA is a federal law developed to provide a standard to protect your health information. The purpose of the Notice of Privacy Practice is to explain how Rheumatology Associates, PC may use or disclose your healthcare information. The Notice also explains the rights that you are guaranteed under HIPAA regulations.

Though we take great care to protect the integrity and confidentiality of your health care information, we are required by HIPAA Privacy Rule to distribute this notice to you and obtain acknowledgement that you have been provided access to the Notice. If you would like to review the notice it is available in our waiting room.

I hereby acknowledge that I have read and understand the paragraphs above.

Please sign here.

Permission To Share Medical Information

My medical information may be obtained and exchanged verbally to:

Name/Relationship	Phone #:

ePrescribing

ePrescribing gives our practice information about which drugs are covered by insurance, what medications you are already taking or have tried, and allows your doctor to prescribe and renew prescriptions electronically. This will ensure your prescriptions are filled in a more timely manner, reduce errors and prevent adverse drug reactions to help your doctor treat you more efficiently.

By signing you are aware that Rheumatology Associates, PC can request and use your prescription medication history for treatment purposes.

Please sign here.

I understand that there are insurance plans (i.e. Medicaid) that Rheumatology Associates, PC does not accept, and that it is my responsibility to verify your participation with my insurance before I am seen. I also understand that it is my responsibility to obtain any referrals required by my insurance.

I am responsible for paying my full copayment at the time of each visit. If I cannot pay at time of service I understand that my appointment will be rescheduled.

Notice of 24 hours or more is required for any appointment cancellation.

Please sign here.