HIPAA
Patient Privacy Data Release & Consent Form

HIPAA, the Health Insurance Portability and Accountability Act, requires that all medical providers, insurance companies and others put in place controls to ensure that your personal medical information and privacy data is secured. **Quality Family Physicians (QFP)** requests that each patient sign this patient privacy data release and consent form which allows us to share your protected health information (PHI) or electronic protected health information (ePHI) with other medical service providers and specialists.

Verbal/Written Communication

Many of our patients allow family members such as their spouse, parents or others to call and request information over the phone or to pick-up written medical information. This information includes results of tests, results of procedures, and medical history. Under the requirements for HIPAA, we are not allowed to give this information to anyone without the patient's written consent. If you wish to have your protected health information released to family members you must review, fill-in, and sign this form. You have the right to revoke this consent, in writing, except where we have already made disclosures based on your prior consent. This consent will remain in force until revoked or requested in writing by you our patient.

I authorize **Quality Family Physicians** to release all medical information over the phone and in writing about my care to the following individuals: (This information includes but is not limited to test results, procedures, medical history, psychotherapy, etc.)

1. _____ Relation to Patient: _____
2. _____ Relation to Patient: _____
3. _____ Relation to Patient: _____

Print Patient Name: _____ **Date of Birth:** _____

Signature of Patient/Guardian: _____ **Date:** _____

Automatic "OPT Out": If you do not list any individuals above, our office will not release any verbal or written communication to anyone other than you the patient.

Preferred Mailing Communication

Quality Family Physicians mails patients many different reminders as well as hard copies of medical reports. We ask that you list your current mailing address so that we can send announcements and reminders when due for appointments, labs, etc. If you update your address with our office verbally, in writing, and/or online, it will override the below mailing address and still allow our office to mail medical information.

Mailing Address: _____

_____

_____

Signature of Patient/Guardian: _____

☐ **Automatic "OPT Out":** If you do not list any mailing address above, our office will not mail any documentation or reports to your home mailing address. This does not include necessary business documentation.

Preferred Phone Communication

Please list all phone numbers you prefer for all personal healthcare communications with QFP. If we reach your voicemail, our office will leave detailed medical information. If you update your phone number with our office verbally, in writing, and/or online, it will override the below phone numbers and still allow our office to leave a detailed message. You have the right to revoke this consent, in writing, except where we have already made disclosures based on your prior consent. This consent will remain in force until revoked.

Home: (_____) _____ - _____ ☐ Check this box if you choose to "**OPT-Out**" from receiving detailed voicemails at home

Cell: (_____) _____ - _____ ☐ Check this box if you choose to "OPT-Out" from receiving detailed voicemails on cell

Text messages: (_____) _____ - _____ ☐ Check this box if you choose to "**OPT-Out**" from receiving terxt messages on cell phone

Work: (_____) _____ - _____ ☐ Check this box if you choose to "**OPT-Out**" from receiving detailed voicemails at work

Signature of Patient/Guardian: _____

Note: If you "**OPT-Out**" from receiving detailed voicemails, our office will still contact you by phone and leave a general voicemail for you to contact our office.

Athena capture photo app

I, _____hereby consent Quality Family physicians to take pictures of my insurance card, medical records or physical findings using the Athena capture application. Athena capture app is HIPAA compliant and no images are stored anywhere except in your Athena EMR. There is no local storage on the device, the device manufacturer or the device carrier.

Quality Family physicians uses SureScripts, Inc., a prescription system that allows prescriptions and related information to be exchanged between my providers and the pharmacy. The information sent between these systems may include details of any and all prescription drugs I am currently taking and/or have taken in the past. Initial: _____

This authorization may include disclosure of prescription information related to alcohol and drug abuse, mental health treatment, and/or confidential HIV related information by SureScripts, Inc. Initial: _____

I have the right to revoke this authorization at any time by writing to Quality Family Physicians I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

Receipt & Acknowledgment

By signing and dating here, you acknowledge receipt of the QFP HIPAA Patient Privacy Data Release & Consent Form and the new QFP Notices of Privacy Practices updated as per the recent OMNIBus Rule. You also acknowledge that you have reviewed these practices and procedures and fully understand them. It is your right to request a hardcopy from QFP or you may download a copy of these documents from our website at: http://www.qualityfamilyphysicians.org/

Print Patient Name: _____ **Date of Birth:** _____

Signature of Patient/Guardian: _____ **Date:** _____

Quality Family Physicians, P.A. is not responsible for the security and privacy of documents that may contain your privacy data and healthcare information once you accept and receive a copy from our office either through our secure patient portal or hard copy. Patients that accept and receive a hard copy of their privacy data and healthcare information understand that Quality Family Physicians, P.A. is hereby released of any liabilities from the exposure of this information