



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

I, _____, hereby give my consent to the **Trager Healing Center** 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's Name)

I acknowledge receipt of the physician's Notice of Privacy Practices. The Notice for Privacy Practice 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 by mail or at the next office visit.

I understand that this content is valid until it is revoked by me. I understand that I may revoke this consent at any time by given written notice of my desire to do so, to the physician as defined in the privacy practices policy. 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 may be sent to the Physician's office.

Signed: _____

Date: _____

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



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

Requests for the inspection and copy of records must be sent to the practice in writing. It should be marked "Attention: Privacy Officer."

INDIVIDUAL RIGHTS – Request Amendment to Protected Health Information:

The practice allows an individual to request that the practice amend the protected health information maintained in the patient's medical record or the patient's billing record. The practice documents all request, responds to those requests in a timely fashion, and informs individuals of their appeal rights when a request is denied in whole or in part.

Generally the practice will act on a request for amendment no later than 60 days after receipt of such a request. If the practice cannot act on the amendment within 60 days, the practice extends the time for such action by 30 days and, within the 60 day time limit, provides the requestor with a written statement of the reasons for the delay and the date by which the practice will complete action on the request. Only one such extension is allowed.

If the practice denies the request, in whole or in part, the practice provides the requestor with a written denial in a timely fashion. The practice allows a requestor to submit a written statement disagreeing with the denial of all or part of the initial request. The statement must include the basis of the disagreement. The practice limits the length of a statement of disagreement to one page.

The practice accepts requests to amend the PHI (Practice Health Information) maintained by the practice. The requests must be in writing and should be marked "Attention: Privacy Officer."

INDIVIDUAL RIGHTS – Request confidential Communication:

The practice accommodates all reasonable requests to keep communications confidential. The practice determines the reasonableness based on the administrative difficulty of complying with the request.

A request for confidential communications must be in writing and on the practice's Request for Confidential Communications Form, must specify an alternative address or their method of contact, and must provide information about how payment will be handled. The request must be addressed to the practice's Privacy Officer. No reason for the request needs to be stated.