



Consent for Purposes of Treatment, Payment, and Health Care Operations

The following information is pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996. I understand I have the right to review Melmed Center's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, or in the performance of health care operations of the Melmed Center. Melmed Center reserves the right to change the Notice of Privacy Practices at any time without notice. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy or asking for one at the time of my next appointment. The Notice of Privacy Practices is always available at www.melmedcenter.com.

I consent to the use or disclosure of my protected health information by Melmed Center for the purpose of diagnosing or providing treatment to myself, my child, or my family; obtaining payment for my health care bills, or to conduct health care operations of Melmed Center. *"The Privacy Rule protects all individual identifiable health information"* held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information *'protected health information (PHI).'* *Individual identifiable health information* is information, including demographic data, that relates to:

- **The individual's past, present or future physical or mental health or condition,**
- **The provision of health care to the individual, or**
- **The past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g, name, address, birth date, Social Security Number, etc...)."**

I have been informed that a member of Melmed Center, which may include a Developmental Pediatrician, Psychiatric Nurse Practitioner, Clinical Psychologist, Psychiatrist, Educational/Vocational Advocate, Occupational Therapist, Naturopathic Doctor, BCBA, ABA Behavioral Technicians or a medical assistant, will conduct an evaluation on me. An evaluation may consist of clinical interviews, behavioral observations, and review of history, psychological assessment, educational assessment, medical assessment, school visits, home visits, and/or administration of assessment instruments chosen specifically for myself by the clinician. I understand that the clinicians at the Melmed Center work as a multidisciplinary team and therefore one or more clinicians in the practice may see me. I will be informed regarding who my treating clinician will be and I may choose a specific clinician if I so desire. The Melmed Center serves as a training site for several medical and psychological educational programs in Arizona. I may be asked if I consent to have a student, intern, or resident present during the evaluation, intervention, or therapy, and may consent or decline as I wish.

If one or several member(s) of my family participate in the evaluation, therapy, or intervention process, the clinicians have consent to communicate with all family members regarding any issues relevant to the assessment or treatment of any one family member or the family as a whole. I consent to the exchange of verbal and/or written information between the professional team members regarding the care of myself and/or my family. I recognize that unless I have previously expressed my disagreement in writing, Melmed Center has understood that I want them to speak with my parents or guardians about any and all Melmed Center business. This authorization is in effect until such time as I revoke it in writing.

In case of an emergency and in the event that my clinician is not available, I am advised to contact my primary care physician or call 9-1-1 if one's life is in danger. I am further advised to report to the nearest emergency room if emergency assistance is needed.

I understand e-mail communication is a convenience and not appropriate for emergencies or time-sensitive issues. It may take the clinician up to two weeks to receive e-mail, provided they are in the office as regularly scheduled. Melmed Center cannot guarantee the security and privacy of e-mail messages and other staff may read and process the mail, thus highly sensitive or personal information should not be communicated via e-mail. Melmed Center is not responsible for information loss due to technical failures.

I understand that if I choose to sign up for e-mail marketing and/or submit to any online media sights Melmed Center is not responsible for any connection between myself, my family and/or my friends and the center. Media such as Facebook is specifically used for marketing and should not be used as a contact between myself and provider.

Since the clinicians at the Melmed Center can best serve patients when up-to-date medical, educational, and psychological information is available, I consent to have the clinician review all records related to the care, growth and development of the patient. I agree to provide all relevant records specifically including, but not limited to, personal knowledge, intake summaries, treatment plans, progress notes, psychological and developmental history, medical records, physical examinations, psychiatric and psychological evaluations, consultation reports, psychological test results, diagnostic records, educational, social, vocational, speech, occupational and physical therapy records, and legal records. This will serve as notice that Melmed Center reserves the right to disclose protected health information to any local, state, or federal health or law enforcement agency at any time without obtaining consent, if our professional judgment deems it necessary.

Treatment: We may use health information about you to provide medical treatment or services. We may disclose your health information to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have. We may leave messages at the numbers provided by you or with a family member at that number unless we receive in writing a request not to receive such communications.

Payment: We may use and disclose your health information so that the treatment and services you receive at this office may be billed to, and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

Health Care Operations: We may use and disclose your health information in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Health Oversight Activities: We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose your health information in response to a subpoena.

Coroners, Medical Examiners and Funeral Directors: We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

With the exception of the patient's Primary Care Physician, we will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose your health information, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose your information for the reasons covered by your written *Authorization*, but we can not take back any uses or disclosures already made with your permission.

It is understood that the clinician will provide an evaluation summary to the referral source and/or my primary care physician for coordination of care. By providing the name of my primary care physician below, I consent to the exchange of information between Melmed Center and the following Health Care Provider. Verbal and/or written exchange of information may occur between Melmed Center medical and educational professionals.

Primary Care Physician (Please Print): _____ **Telephone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Right to Inspect and Copy: You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a *written* request to Melmed Center Privacy officer in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend: If you believe your health information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information was generated and is kept by this office.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your medical information for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in *writing* to Melmed Center Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are NOT required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may complete and submit *the Request For Restriction On Use/Disclosure Of Medical Information* to the Privacy Officer.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the *Request For Restriction On Use/Disclosure Of Medical Information And/Or Confidential Communication* to Melmed Center Privacy Officer. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Revoke your Consent: you can revoke your consent at any time by giving us *written* notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures which occurred before that time. If you do revoke your *Consent*, we will not be permitted to use or disclose information for purposes of treatment, payment or health care operations, and we may therefore choose to discontinue providing you with health care treatment and services.

I consent to the evaluation, treatment, or intervention of myself. I certify that this consent has been given freely and voluntarily. By my signature below, I acknowledge that I understand and agree to the above information.

Name of Patient (Please Print)

Today's Date

Signature of Patient