

Kentwood Family Physicians, PC
5070 Cascade Road, SE, Suite 250
Grand Rapids, MI 49546
Phone: (616) 281-9066 Fax: (616) 281-0539

Bruce M. Baker, D.O.
Susan L. Baker, D.O.
David L. Byington, D.O.

**CONSENT FOR THE USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Patient Name

The undersigned individual has been given a copy of Kentwood Family Physicians' "Notice of Privacy Practices" and understands that protected health information about the patient named above may be released for the purposes of providing or obtaining medical treatment to this individual, obtaining payment for treatment, or for the operation of this practice, in accordance with Kentwood Family Physicians' "Notice of Privacy Practices", as adopted April 14, 2003. The undersigned may obtain a copy of any subsequent revisions to this policy by requesting it from office staff at any time.

This Consent is in effect until revoked by the person signing below.

I am:

_____ The patient.

_____ An authorized representative of the patient (please provide proof of authority).

_____ A parent of a patient who is under the age of 18.

_____ The legal guardian of the patient (please provide proof of guardianship).

Signature

Printed Name

Date

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NOTICE OF PRIVACY PRACTICES

Adopted April 14, 2003

Revised August 6, 2013

In accordance with the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), Kentwood Family Physicians, P.C., will not release or disclose any protected health information about an individual except that which is required for the treatment of the individual, obtaining payment for treatment, or for the operation of our practice. Patients, their authorized representatives, or (if the patient is a minor) their parents or legal guardians, must sign a Consent to permit Kentwood Family Physicians, P.C., to use or disclose protected health information about the patient for these purposes. We will comply with HIPAA laws and regulations.

Our practice may:

1. Disclose identifiable health information about you without additional authorization (subject to certain requirements), for public health purposes, for auditing purposes, and in case of an emergency, or when required by law.
2. Make daily telephone reminders about upcoming appointments, and may leave a message about the appointment, and /or send a reminder postcard about the need to schedule routine appointments.
3. Leave a message on a patient's answering machine or voice mail, possibly including but not limited to the following: the fact that a specific item (written prescription, medication samples, completed form, etc.) is complete and ready to be picked up from our office, the fact that a prescription has been called to the patient's pharmacy, and information regarding an appointment that has been scheduled on behalf of the patient (with a specialty physician, for example.) The patient may request that we NOT leave this information on their answering machine or voice mail, if they prefer. **(This item was added on 4/4/08)**
4. Only disclose the portion of the individual's medical record that is minimally necessary to continue the individual's treatment, obtain payment for treatment; or properly and efficiently operate our practice.
5. Transmit information to be disclosed in accordance with this Notice by telephone, mail, facsimile, courier, electronic, or other means.
6. Not use or disclose protected health information for any purpose without an express Authorization signed by the patient, their authorized representative, or (if the patient is a minor) their parent or legal guardian.
7. Notify you in writing when a breach in your protected information occurs. **(This item added on 8/6/13)**
8. Change these practices at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the reception area and in each examination room.
9. Appoint a HIPAA Compliance Officer to oversee the practice's use and disclosure of protected health information, to resolve questions about these matters that arise in the operation of our practice, and to assist patients, their families, and this practice in dealing with applicable laws and applications.

You have the right:

1. To inspect your medical records, or to receive a list of circumstances where we disclosed your health information (for purposes other than treatment, payment, or the operation of our practice) in accordance with our policy. This will be done by appointment only, and in the presence of a staff member of Kentwood Family Physicians, P.C.
2. To request the Kentwood Family Physicians, P.C., be restricted from disclosing your protected health information in carrying out treatment, obtaining payment, or in the operation of our practice. However, we are not required to agree with your requested restrictions.
3. To register a complaint if you feel that your protected health information has been improperly used or disclosed.
4. To revoke your consent or authorization for use or disclosure of protected health information.
5. To not authorize the release of Psychotherapy notes, highly sensitive information, alcohol/substance abuse treatment. **(8/6/13)**
6. To opt out of getting fundraising communications from our office, and marketing or a sale of protected information. **Please note that our office does not sell protected information and we do zero fund raising. (Added 8/6/13)**
7. To restrict information sharing with an insurance company for service(s) paid in full and out of pocket unless disclosure authorized by the patient. **(This item was added on 8/6/13)**

If you have questions or need assistance: Please contact Renee Poland or Bruce Baker, D.O., our HIPAA Compliance Officers, at the telephone number shown above.