

Tampa Urgent Care

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact: Tampa Urgent Care Compliance & Audit Dept., 12950 Race Track Rd #106, Tampa, FL 33626. Phone: (813) – 616 – 8810.

Policy Regarding Health Information

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care, whether made by personnel or treating physicians, whether in paper, electronic or other forms of media.

This notice will tell you about the ways in which we may use and disclose health information about you. We also will describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to:

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health information about you
- Follow the terms of the notice that are currently in effect
- Notify you in the event of a breach of privacy regarding your private health information

Consent to Treatment

When receiving treatment you hereby give permission to Tampa Urgent Care (Memon Health Associates) to provide medical treatment.

You allow Tampa Urgent Care to file for insurance benefits to pay for the care received.

You understand that:

Tampa Urgent Care will have to send your medical record information to your insurance company.

You must pay your share of the costs.

You must pay for the cost of these services if your insurance does not pay or you do not have insurance.

You understand: You have the right to refuse any procedure or treatment.

You have the right to discuss all medical treatments with your provider

Financial Responsibility

All professional services rendered are charged to the patient and are due at the time of service, unless other arrangements have been made in advance with our business office. Necessary forms will be completed to file for insurance carrier payments.

Assignment of Benefits

You hereby assign all medical and surgical benefits, to include major medical benefits to which you are entitled. You hereby authorize and direct your insurance carrier(s), including Medicare, private insurance and any other health/medical plan, to issue payment check(s) directly to TAMPA URGENT CARE, medical services rendered to you and/or your dependents regardless of your insurance benefits, if any. You understand that you are responsible for any amount not covered by insurance.

Authorization to Release Information

You hereby authorize TAMPA URGENT CARE to:

- (1) release any information necessary to insurance carriers regarding my illness and treatments;
- (2) process insurance claims generated in the course of examination or treatment; and
- (3) allow a photocopy of your signature

Medication History Download

You understand and consent to retrieve and review your medication history. You understand that this will become part of your medical record. A medication history is a list of medicines that these providers and other healthcare providers have recently prescribed for a patient. It is collected from a variety of sources, including, a patient's pharmacy, health plans, and other healthcare providers.

Acknowledgement of Receipt of Notice of Privacy Practices

We are committed to protecting your privacy and ensuring that your health information is used and disclosed appropriately. This Notice of Privacy Practices identifies all potential uses and disclosures of your health information by our practice and outlines your rights with regard to your health information.

HIPAA Privacy Rule of Patient Authorization Agreement

Authorization for the Disclosure of Protected Health Information for Treatment, Payment, or Healthcare Operations (§164.508(a))

You understand that as part of my healthcare, this Practice (Tampa Urgent Care) originates and maintains health records describing your health history, symptoms, examination and test results, diagnosis, treatment, and any plans for future care or treatment. You understand that this information serves as:

- a basis for planning your care and treatment;
- a means of communication among the health professionals who may contribute to your health care;
- a source of information for applying my diagnosis and surgical information to your bill;
- a means by which a third-party payer can verify that services billed were actually provided;
- a tool for routine health care operations such as assessing quality and reviewing the competence of health care professionals.

You understand that as part of my care and treatment it may be necessary to provide your Protected Health Information to another covered entity. You have the right to review this Practice's notice prior to signing this authorization. You authorize the disclosure of my Protected Health Information as specified below for the purposes and to the parties designated by me.

Privacy Rule of Patient Consent Agreement

Consent to the Use and Disclosure of Protected Health Information for Treatment, Payment, or Healthcare Operations (§164.506(a))

You understand that:

- You have the right to review this Practice's Notice of Information practices prior to signing this consent;
- that this Practice reserves the right to change the notice and practices and that prior to implementation will mail a copy of any notice to the address you have been provided, if requested;
- You have the right to object to the use of my health information for directory purposes;
- You have the right to request restrictions as to how my Protected Health Information may be used or disclosed to carry out treatment, payment, or healthcare operations, and that this Practice is not required by law to agree to the restrictions requested;
- You may revoke this consent in writing at any time, except to the extent that this Practice has already taken action in reliance thereon.

Patient Consent for Use and Disclosure of Protected Health Information

You hereby give my consent for Tampa Urgent Care(the Practice) to use and disclose my protected health information (PHI) to perform treatment, payment and health care operations (TPO).

With this consent, the Practice may call you or email you to my home or other alternative location and leave a message by voice, email or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and anything pertaining to my clinical care, including laboratory test results.

With this consent, the Practice may mail to your home or other alternative location any items that assist the practice in performing TPO, such as appointment reminder cards, patient statements and anything pertaining to my clinical care as long as they are marked "Personal and Confidential."

By signing this form, you are consenting to allow the Practice to use and disclose your PHI to carry out TPO.

You may revoke your consent in writing except to the extent that the Practice has already made disclosures upon my prior consent. If you do not sign this consent, or later revoke it, the Practice may decline to provide treatment to me.

Consent to Obtain Patient Medication History

Patient medication history is a list of prescriptions that healthcare providers have prescribed for you. A variety of sources, including pharmacies and health insurers, contribute to the collection of this history.

The collected information is stored in the practice electronic medical record system and becomes part of your personal medical record. Medication history is very important in helping providers treat your symptoms and/or illness properly and avoid potentially dangerous drug interactions.

It is very important that you and your provider discuss all your medications in order to ensure that your recorded medication history is 100% accurate. Some pharmacies do not make prescription history information available, and your medication history might not include drugs purchased without using your health insurance.

Also over-the-counter drugs, supplements, or herbal remedies that you take on your own may not be included.

You give permission to allow your healthcare provider to obtain your medication history from your pharmacy, health plans, and other healthcare providers.