SPRINGHILL MEDICAL GROUP
Consent and Privacy Practices Form (HIPPA)

1. **Privacy practices: We are committed to protecting your privacy and ensuring that your health information is used and disclosed appropriately. Please sign below to acknowledge that you received a copy of our Privacy Practices.**

2. **You consent to allow Springhill Medical Group to send record of immunization we give you to the California Immunization Registry unless your object by checking NO ____**

3. **Authorization to Release Medical information: I hereby authorize my Provider, Springhill Medical Group to use or disclose your health information to a physician or other healthcare provider providing treatment to you.**

4. **Authorization to pay benefits to Physician: I authorize the release of medical information or other information to process health insurance claims. I also request payment of benefits to my provider, Springhill Medical Group, when they accept assignment.**

Your doctor needs your permission to discuss your health care with others, please complete:
My doctor (s) in Springhill Medical Group, have my permission to discuss my health care information with the persons listed below:

Name:	Phone number	Emergency contact ?
_____	_____	YES /NO
_____	_____	YES/ NO
_____	_____	YES/ NO

Email address for HillChart portal invitation: _____

Advanced Care Planning:

1. Have you completed an Advanced Directives document ? _____Yes ____NO

2. Would you like more information about end of life planning and/or Advance Directives ? _____Yes ____NO

Signature: _____ **Date:** _____
Name of patient : **Date of birth:**

Name of Personal Representative/Guardian: (if patient cannot sign or is a minor)

Name of representative: _____ _____
Printed **Signature**

SPRINGHILL MEDICAL GROUP- NOTICE OF PRIVACY PRACTICES

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. The privacy of your health information is important to us.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 9/23/2013 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for addition-al copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOUSURES OF HEALTH INFORMATION: We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reason- able inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

SPRINGHILL MEDICAL GROUP- NOTICE OF PRIVACY PRACTICES

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Patient Access: You have the right to look at or get copies of your health information, with limited exceptions. We will provide a copy of your medical records in electronic format unless you ask for the copies on paper. We will use the format you request unless we cannot practicably do so. We will provide copies of your records to you or your treating physician at NO charge in electronic format. If you request copies on paper we will charge you $.10 per page and the cost of postage, if you want us to mail the copy.

You must make a request in writing to obtain access to your health information. You may obtain a Authorization to Release Medical records from at any of our office locations or from our website: www. Springhillmed.com.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. If you request this accounting more than once in a calendar year, we may charge you a reasonable, cost-based fee.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Questions or Complaints :If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Deeann Del Rio, Administrator email: dclriod@springhillmed.com phone: (925) 635-2978