

MIDWAY CENTER FOR INTEGRATIVE MEDICINE (MCIM)
129 SOUTH WINTER STREET
MIDWAY, KENTUCKY 40347
859-846-4445

NOTICE OF PRIVACY PRACTICES AND PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

PATIENT NAME

DATE

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain Patient Rights regarding my protected health information.

I understand that MCIM may use or disclose my protected health information for treatment, payment or health care operations – which means for providing health care to me, the patient; handling billing and payment; and, taking care of other health care operations. Unless required by law, there will be no other uses and disclosures of this information without my authorization.

MCIM has a detailed document called the ***Notice of Privacy Practices***. It contains a more complete description of your rights to privacy and how we may use and disclose protected health information.

I understand that I have the right to read the *Notice* before signing this agreement. If I ask, MCIM will provide me with the most current *Notice of Privacy Practices*.

My signature below indicates that I have been given the chance to review such copy of the *Notice of Privacy Practices*. My signature means that I agree to allow MCIM to use and disclose my protected health information to carry out treatment, payment, and health care operations. I have the right to revoke this consent in writing at any time, except to the extent that MCIM has taken action relying on this consent.

SIGNATURE (Patient or Legal Custodian/Authorized Representative)

DATE

Relationship to Patient (if signed by another party)

DATE

You may obtain a copy of our *Notice of Privacy Practices*, including any revisions of our *Notice*, at any time by contacting MCIM 129 South Winter Street Midway, KY 40347 859-846-4445.