

Patient Privacy Consent Form

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as the quality assessments and physician certifications.

I have been informed by you of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such Notice of Privacy Practices prior to signing this consent.

I understand that this organization has the right to change Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how private information is used or disclosed to carry our treatment, payment or healthcare operations. I also Understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

Signature: _____ Date: _____

IQ Health- Welcome To Your Secure Patient Portal

We are excited to offer you a new informational system through United Medical Physicians Call IQHealth. This System allows web based interactions between patients and our office. You will be able to:

View your test results
Request an appointment
Request medication refills

Update demographic information
Send and receive messages
Keep track of your health

In order to take advantage of this new feature, we will need your email address. You will then receive a onetime secure email invitation from IQHEALTH.COM to set up an account. Simply click on the link in your email and follow the prompts to activate your account. We hope this new system will make communication with our office easier and more convenient. If you choose not to participate, you may still contact the office via telephone and mail.

I wish to participate

Name: _____

Email Address: _____

Last 4 digits of SSN: _____ Or Zip Code: _____

I do not wish to participate

Signature: _____