



## The Health Insurance Portability and Accountability Act (HIPAA) Information

(This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully)

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. This form is a “friendly” version. A more complete text is available upon request.

What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services.

HIPAA provides certain rights and protections to you as the patient. Additional information is available from the U.S. Department of Health and Human Services.

[www.hhs.gov](http://www.hhs.gov)

I understand that, under the Health Insurance Portability and 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 or indirectly
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments and physician certifications

I consent to the use and disclosure of my protected health information by Illuminar, PLLC for the our pose of diagnosing or providing treatment to me, obtaining payment of my health care bills or to conduct health care operations of Illuminar, PLLC. I understand that diagnosis or treatment of me by any of the physician at Illuminar, PLLC may be conditioned upon my consent as evidenced by my signature on this document.

My protected health information means health information, including my demographic information, colleted from me and created or received by physician, another health care provider, a health plan, my employer or heal care clearinghouse. This is protected health information related to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

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