



NOTICE OF PATIENT INFORMATION PRACTICES

Heart One Associates is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described.

USES AND DISCLOSURES OF HEALTH INFORMATION

Heart One Associates uses your personal health information primarily for treatment; obtaining payment for treatment, conducting internal administrative activities, and evaluating the quality of care that we provide.

Heart One Associates may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We also provide information when required by law.

In any situation, Heart One Associates policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Heart One Associates may change its policy at any time. You may request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Heart One Associates will consider all such requests on case by case basis, but the practice is not legally required to accept them.

NOTICE AND ACKNOWLEDGEMENT

I acknowledge that I have received the Heart One Associates Notice of Patient Information Practices.

Patient Name (Please print)	Signature	Date

E-PRESCRIBING CONSENT FORM

Heart One Associates is in the process of implementing ePrescribing:

- ❖ ePrescribing is a federally mandated initiative that requires all physicians prescribe in the manner by 2011.
- ❖ ePrescribing software sends prescriptions over the internet to your pharmacy in a safe, secure way, through the same technology used by credit card companies. This helps protect the privacy of your personal information.

PATIENT CONSENT:

I agree that Heart One Associates may request and use my prescription medication history from other healthcare providers or third party pharmacy benefit payors for treatment purposes.

Patient Name (Please print)	Signature	Date

Pharmacy Name	Pharmacy Address	() - Pharmacy phone#