

## Notices of Privacy Practices and Electronic Consent

I have received this practice's Notice of Privacy Practices written in plain language. The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights and the practice's legal duties with respect to my protected health information. The Notice includes:

- A statement that this practice is required by law to maintain the privacy of the protected health information.
- A statement that this practice is required to abide by the terms of the notice currently in effect.
- Types of uses and disclosures that this practice is permitted to make for each of the following purposes: treatment, payment, and health care operations.
- A description of each of the other purposes for which this practice is permitted or required to use or disclose protected health information without my written consent or authorization.
- A description of uses and disclosures that are prohibited or materially limited by law.
- A description of other uses and disclosures that will be made only with my written authorization and that I may revoke such authorization.
- My individual rights with respect to protected health information and a brief description of how I may exercise these rights in relation to:

- o the right to complain to this practice and to the Secretary of HHS if I believe my privacy rights have been violated, and that no retaliatory actions will be used against me in the event of such a complaint.
- o the right to request restrictions on certain uses and disclosures of my protected health information, and that this practice is not required to agree to a requested restriction.
- o the right to receive confidential communications of protected health information.
- o the right to inspect and copy protected health information.
- o the right to amend protected health information.
- o the right to receive an accounting of disclosures of protected health information.
- o the right to obtain a paper copy of the Notice of Private Practices from this practice upon request.

This practice reserves the right to change the terms of its Notice of Private Practices and to make new provisions effective for all protected health information it maintains. I understand that I can obtain this practice's current Notice of Privacy Practices on request.

### **Email:**

I acknowledge the by electing to receive my health information via email in an unsecure manner, that the information will not be encrypted, and that it could be intercepted and viewed by a third party. Prime Wellness is not responsible for unauthorized access of your health information while in transmission to the email address you designated above.

Receive my health information through email: Yes \_\_\_\_\_ No \_\_\_\_\_

### **Telemedicine:**

Telemedicine involves the use of electronic communications to enable our patients to choose whether they would like their consultations to be in person or over the phone, this helps to improve patient care. The information may be used for diagnosis, therapy, follow-up and/or education.

Confidentiality: At Prime Wellness all reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation.

Rights: You may withhold or withdraw consent to the telemedicine consultation at any time without affecting your right to future care or treatment.

Consultations over the phone: Yes \_\_\_\_\_ No \_\_\_\_\_

My signature below signifies that I have read and understand the Privacy Practices of this clinic and that I have marked my consent preferences for emails and telemedicine.

Signature \_\_\_\_\_

Date \_\_\_\_\_