



HIPAA Information and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) were created to provide safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. This form is a "friendly" version of the policies that is easier to understand. A more complete text is posted in the office and is available for your review. 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 a patient and client of Success Weight Loss Systems Inc.; these rights specifically address the protection of your (PHI). We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov

We have adopted the following policies:

1. All of your (PHI) information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Your files with (PHI) information may be stored in open file racks and will not contain any coding which identifies your condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, client records, PHI information and other documents or information.
2. It is the policy of this office to remind clients of their appointments. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.
3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI; but must agree to abide by the confidentiality rules of HIPAA.
4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding the privacy of your PHI to the attention of your weight loss coach, the office manger or your medical provider.
6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
7. We agree to provide you with access to your records in accordance with State and Federal laws.

I, _____ have read this document and acknowledge my agreement to the terms set forth within. I understand that this information and consent form shall remain in force from this time forward.

Signature: _____

Date: _____