

CLIENT NOTICE OF PRIVACY

FIRST STEP RECOVERY & WELLNESS CENTER

Patient Consent for Use and Disclosure of Protected Health Information

Effective April 14, 2003

PLEASE READ CAREFULLY THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUAL IDENTIFIABLE HEALTH INFORMATION.

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. The Notice contains a Patient Rights section describing your rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). You have the right to review our Notice before signing this Consent. The terms of our Notice may change at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to: Privacy Officer, First Step Recovery & Wellness Center, 2231 Winthrop Road, Lincoln, NE 68502.

By signing this form, you consent for First Step:

- to use and disclose PHI to carry out treatment, payment and health care operations (TPO).
- That First Step can disclose information to healthcare providers, individuals, and agencies in order to obtain legal and financial information as well as clinical services where there is a business associate agreement in place. Before First Step can use or disclose any information regarding your healthcare in a manner which is **not** described above, it must first obtain your specific written consent allowing it to make this disclosure, which, you may revoke such written consent in writing.
- to call your home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to your clinical care, including laboratory test results, among others.
- to mail to your home or other alternative location designated by you any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."
- to send electronic mail to your home or other alternative location designated by you any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

By signing this form, you understand that:

- you have the right to request in writing that First Step restrict how it uses or discloses your PHI to carry out TPO. However, First Step is not required to agree to your requested restrictions.
- you may revoke your consent in writing except to the extent that First Step has already made disclosures in reliance upon your prior consent.
- if you do not sign this consent, or later revoke it, First Step may decline to provide treatment to you.

Acknowledged and agreed to by:

Print Name _____

Signature of Client or Legal Guardian _____ Date _____

If Legal Guardian, Client Name _____