

Los Alamos Visiting Nurse Service HIPAA Privacy for our Patients

You have probably heard about HIPAA. It is one of the biggest rules to hit health care EVER. HIPAA's privacy rules are designed to protect your health information.

A patient's medical record is the most visible protected health information; "Protected" means that only the people who need the information could have access to it. It also means that your permission is necessary to disclose it.

A requester's identity will always be verified before we release health information. Examples of those who may request information includes; military, organ donor organizations, workers compensation and insurance companies.

You have the right to know who requests your health information, to request confidential communications, to request special treatment of your information as well as the right to complain.

We are required to have security procedures in place to protect the information on our computers and the security of our work place.

For access to all of the HIPAA regulations you can contact the Department of Health and Human Services or go to their web site at <http://aspe.os.gov/adminsimp/index.htm>.

Los Alamos Visiting Nurse Service

109 Central Park Square

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HIPAA

This consent form allows Los Alamos VNS to use and disclose information about me protected under the Health Insurance Portability and Accountability Act of 1996. This information may be used or disclosed to carry out treatment, payment or health care operations.

LAVNS has provided me with a Notice of Privacy Practices, which more completely describes such uses and disclosures. It provided this notice prior to my signing this form in accordance with my right to review its practices before signing consent.

I understand that the terms of the Notice of Privacy Practices may change and that I may obtain revised notices by requesting copies of these notices.

I understand that I have the right to request- now and in the future- how protected health information is used or disclosed to carry out treatment, payment and health care operations. I understand that while LAVNS is not required to agree to my requested restrictions, if it does agree, it is bound by that agreement.

I understand that at any time I have the right to revoke this consent provided that I do so in writing, but that LAVNS services may still use information to complete any actions that it began prior to my revoking consent and which rely on my protected health information.

Patients Name: _____

Signature: _____

Date: _____