

## **STATEMENT OF PRIVACY PRACTICE**

We are dedicated to protect the privacy rights of our participants and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principle concept of our ministry. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect your rights.

### **PROTECTING YOUR PERSONAL HEALCARE INFORMATION**

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act.

### **COLLECTING PROTECTED HEALTH INFORMATION**

We will only request personal information needed to comply with the law. This may include your name, address, telephone number(s), Social Security number, medical history, etc.

### **DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION**

As stated above, we may disclose information as required by law. We are also obligated to provide information to law enforcement officials under certain circumstances. We will not use your information for marketing purposes.

### **PARTICIPANT RIGHTS**

You have a right to get copies of your healthcare information and to obtain copies in a variety of formats. We may charge for your copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can, also, notify the U.S. Department of Human Services.

# CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

## SECTION A: PARTICIPANT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

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## SECTION B: TO THE PARTICIPANT

### PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

**Purpose of Consent:** By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment in emergency situations.

**Notice of Privacy Practices:** You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notices accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting our office at (719) 599-8652, x162.

**Right to Revoke:** You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the contact person listed above.