

**FORNANCE PHYSICIAN SERVICES  
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND  
CONSENT TO USE AND DISCLOSE HEALTH INFORMATION**

Please read before signing the Acknowledgement and Consent

This acknowledgement of notice and consent authorizes Fornance Physician Services network practices to use and disclose health information about you for treatment, payment, and health care operations purposes.

**Notice of Privacy Practices.** Fornance Physician Services, which is affiliated with Montgomery Hospital has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement and consent.

**Amendments.** We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the effective date of change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

**How to contact our Privacy Officer**

Name of Practice Privacy Officer:	<b>Diana Thompson</b>
Mailing Address:	<b>Fornance Physician Services, Inc. 1330 Powell Street, Suite 509 Norristown, PA 19401</b>
Telephone:	<b>610-270-2771</b>
Facsimile:	<b>610-270-2772</b>

**Acknowledgement of Privacy Practices**

By signing below, I acknowledge that I have been provided with Fornance Physician Services Notice of Information Privacy Practices regarding the use and disclosure of my health information for treatment, payment, and healthcare operations according to the said notice. The Fornance practice, of which you are a patient, is authorized to use and disclose health information about your treatment, payment and healthcare operations purposes consistent with its Notice of Information Privacy Practices.

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Signature of Patient (or Patient's Representative)

\_\_\_\_\_  
Date

Personal Representative Information (if applicable):

\_\_\_\_\_  
Print Name of Personal Representative

\_\_\_\_\_  
Relationship to Patient

## **FORNANCE PHYSICIAN SERVICES, INC. NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### **Understanding Your Health Records/Information**

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, the record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

### **Your Health Information Rights**

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of the notice of Privacy Practices upon request
- Request to inspect and receive a copy of your health record
- Request to amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

### **Our responsibilities**

This organization is required by law to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised notice and make a copy available if requested in writing.

We will not use or disclose your health information without your authorization, except as described in this notice.

### **For More Information or to Report a Problem**

If you have questions, complaints or would like additional information, you may contact the Practice Privacy Officer by calling the practice main number or contact the Montgomery Healthcare System Privacy Officer at 610-270-2202, in writing at 1301 Powell St., PO Box 992, Norristown, PA 19404 or the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

## **Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment.* We may use or disclose your health information to a physician or other healthcare provider that provides medical treatment and services to you. We may also disclose your health information to others that may assist in your care, such as your spouse, children or parents.

*For example:* Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. We will also provide all physicians or subsequent health care providers with copies of health care reports that will assist them in treating you.

*We will use your health information for payment.* We may use your health information in order to bill and collect payment for services you receive from us. We may also use and disclose health information to obtain payment from third parties responsible for payment, such as family members. We may disclose health information to other entities to assist in billing and collection efforts. We may also inform an insurance company about treatment that we intend to provide to you so that we can obtain appropriate approvals and/or to confirm medical insurance coverage for your treatment.

*For example:* A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

*We will use your health information for regular health operations.* We may use and disclose your health information to operate our business. Your health information may be disclosed to other health care providers and entities to assist in their health care operations.

*For example:* Our practice may use your health information for our operations to evaluate the quality of care you received from us, or to conduct business planning activities for our practice. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

*Business Associates:* There are some services provided in our organization through contacts with business associates. Examples include the practice answering services, transcription services, billing services and legal services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Appointment reminders:* We may use and disclose information to contact you as a reminder that you have an appointment for treatment or medical care at our practice.

*Notification:* We may use or disclose information to notify you or assist you in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

*Communications with Family:* Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Funeral Directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

*Marketing:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and service that may be of interest to you.

*Fund Raising:* We may contact you as part of a fund-raising effort.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

*Workers Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation by law.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Law Enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated provisional or clinical standards and are potentially endangering one or more patients, workers, or the public.