

## Notice of Privacy Practices HIPAA and HITECH

I hereby acknowledge that I have been presented with a copy of Healthcare Solutions Centers, LLC (HCS) Privacy Practices.

I understand that HCS provides healthcare services to me as a benefit established by my employer and if my employment ends, it is my responsibility to establish a relationship with a new practitioner to take care of my medical needs.

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Under 18 yrs of age or ward of State)

Insured Employee's Employer: \_\_\_\_\_

Patient (mark one):  Self  Spouse  Dependent

I agree for my Protected Health Information (PHI) to be released to the following individuals:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

None

HCS has permission to contact me regarding my Protected Health Information (PHI):

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\*\**(required for access to HCS Patient Portal)***

Text message appointment reminder 24 hours prior to your appointment:  YES  NO

*(Personal Health Information will **not** be sent)*

Would you like access to your PHI on the HCS Patient Portal?  YES  NO

### Please Note the Following Information:

- Psychotherapy notes will not be released without your consent.
- HCS will not sell or provide PHI for marketing, fundraising, or research purposes without first obtaining patient authorization.
- Patients may have access to all PHI and messaging with HCS Patient Portal.

If you have any questions regarding Healthcare Solutions HIPAA policy,  
please contact our HIPAA officer at (602) 424-2101.