



Medical Information Release Form (HIPAA Release Form)

Name: _____ Date of Birth: _____

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be release to:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Information is not to be released to anyone.

HIPAA Privacy Notice

Dear Patient,

Delta Urgent Care is committed to maintaining the integrity of your protected health information and complies with all applicable state and federal regulations.

The federal privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA) have taken effect April 14, 2003. In support of our policy of complying with all applicable regulations, Delta Urgent Care provides patients with the HIPAA Notice of Privacy Rights.

While not required in order to receive treatment at Delta Urgent Care, we are obligated under federal regulations to ask that you sign an acknowledgement of the HIPAA Privacy Notice being made available to you.

Thank you.

Receipt of HIPAA Privacy Notice

I acknowledge receipt of the Notice of Privacy Rights with detailed information about how Delta Urgent Care May use and disclose my protected health information. I understand that Delta Urgent Care reserves the right to change the privacy notice and that a copy of the revised notice will be made available to me.

Signature of Patient or Parent/Guardian: _____

Date: _____

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Office Use Only: To be completed only when a patient declines to sign acknowledgement.

Staff Signature: _____ Date: _____

Refusal to sign acknowledgement does not prevent the patient from continuing to be treated.

To be filed in patient's record.

Please See Backside →



Patient Rights and Responsibility

Patients have the right to...

- be informed of their rights and responsibilities.
- have a family member, chosen representative and/or their physician notified promptly of admission to the hospital.
- receive treatment and medical services without any type of discrimination.
- be treated with consideration, respect and recognition of their individuality.
- be informed of the names and functions of all physicians and other healthcare professionals providing their direct care.
- receive the services of a translator or interpreter to facilitate the communication between the patient and the hospital's healthcare professionals.
- receive visitors that they designate, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and they have the right to withdraw or deny this visitation consent at any time.
- participate in the development and implementation of their plan of care. • make informed decisions regarding their care.
- be informed of their health status, involved in care planning and treatment, and allowed to request or refuse treatment.
- be included or to refuse to be included in experimental research. • have a full explanation if they are being transferred to another facility.
- be informed if the hospital has authorized other institutions to participate in their treatment. Patients have the right to know the identity and function of these institutions, and to refuse to allow the institutions to participate in their treatment.
- formulate advance directives and have physicians and other healthcare professionals comply with these directives.
- be informed by their physician and other healthcare professionals about any continuing healthcare requirements after their discharge.
- receive assistance from their physician and appropriate healthcare professionals in arranging for required follow-up care.
- have their medical records kept confidential.
- have access to their medical records within a reasonable time frame.
- be free from restraints of any form that are not medically necessary.
- be free from all forms of abuse and harassment.
- receive care in a safe setting.
- examine and received an explanation of their bill and may receive information relating to financial assistance available.
- be informed in writing about the hospital's policies and procedures for initiation, review and resolution of patient complaints, including the address and telephone number of where to file complaints with the Department of Health and Human Services.

Patients have the responsibility to...

- provide information.
- follow instructions.
- follow hospital rules and regulations.
- accept consequences of their decisions.
- meet financial obligations.
- show respect and consideration
- ask questions.

Patient/Guardian Signature

Date