CWHC HIPAA GENERAL CONSENT &

GENERAL AUTHORIZATION FACTS

Consent & authorization given on the *Patient Specific Authorization for PHI Access & Communication* form is consent and authorization for Conway Women's Health Center ("Health Care Provider") to use or disclose patient's Protected Health Information ("PHI") to carry out treatment, payment, or any other health care operations.

Patient Protected Health Information is as follows:

> *Information that is oral or recorded in any form that relates to my past, present, or future, physical or mental health condition, my past, present, or future health care treatment, or the payment of my past, present, or future health care treatment, that is or could reasonably identify me and is transmitted in an electronic form or maintained in any form*.

This Protected Health Information could include information that this Health Care Provider created, received from the patient, received from another Health Care Provider, received from a Health Plan, Health Care Clearing House, Insurance Company, Employer, or any other source, and could include demographic information about the patient.

This is an authorization to use or disclose patient Protected Health Information to other health care providers, group health plans, and business associates to provide for my medical care, treatment, and evaluation; the payment of my medical care, treatment, and evaluation; and to provide information for utilization and quality care purposes.

Patients have the right to revoke this authorization; however, it shall not be considered revoked to the extent their Health Care Provider has relied on it. Once this information has been disclosed to third parties, there may not be any safeguards to prevent the third party from further disclosing the Protected Health Information.

This authorization shall remain in effect until the patient revokes it in writing by contacting the Privacy Official, Katy Mullins, who may also be reached by phone at (501) 450-3920. I understand the Health Care Provider can condition my treatment or evaluation on my signing this authorization.

Patients have the right to request in writing to inspect and copy patient Protected Health Information. There are a few exceptions to this rule. CWHC must approve or deny a patient's request within 30 days and in the case of a denial, provide them with an explanation of the reason. CWHC may charge a reasonable fee for copying, preparation, and postage (if mailed to me), which must be prepaid.

CWHC has adopted a complete statement of its privacy practices, which are contained in Conway Women's Health Center's Notice of Privacy Practices. A copy of the Notice of Privacy Practices can be found on our website, www.ConwayWomens.com under forms and labeled as *CWHC Notice of Privacy Practices*. All patients will be given this Notice of Privacy Practices and will be given the opportunity to review them and ask any questions concerning them before signing the *Patient Specific Authorization For PHI Access & communication* form. CWHC has the right to change them at any time without advance notice to patients. Patients can request a copy of CWHC's latest Notice of Privacy Practices by calling the office, stopping by and picking up a copy, stopping by and reading the Notice that is posted in CWHC's waiting room, or asking that their name be put on a list to be mailed a copy of any updated Notice of Privacy Practices should CWHC make changes to the Notice of Privacy Practices.

Patients have the right to refuse this consent & authorization; however, understand that CWHC does not have to treat patients who refuse & if they do not sign this consent.

Patients have the right to request restrictions on this consent and to request limits on when and how their Health Care Provider uses and discloses their PHI, however, their Health Care Provider is not obligated to agree to the restrictions or limitations the patient requests. Understand that if a Health Care Provider agrees to a restriction, the Health Care Provider shall be bound by the restriction until the patient releases their Health Care Provider from that restriction.

Patients have the right to revoke their consent & authorization; however, it shall not be considered revoked to the extent their Health Care Provider has relied on it.