

# HIPAA AND PRIVACY POLICY CONSENT FORM

Patient Name:

Date of Birth:

I hereby acknowledge that I have received and understand the HIPAA Notice of Privacy Practices and Privacy Policy of Pediatric Offices at Willow Bend. I understand that the privacy of my protected health information (PHI) is protected by federal law under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations.

## HIPAA Authorization:

I authorize Pediatric Offices at Willow Bend to use and disclose my PHI for treatment, payment, and healthcare operations as described in the HIPAA Notice of Privacy Practices. I understand that I have the right to revoke this authorization at any time by providing written notice Pediatric Offices at Willow Bend, except to the extent that action has already been taken in reliance on this authorization.

## Privacy Policy Consent:

I consent to the collection, use, and disclosure of my personal information by Pediatric Offices at Willow Bend in accordance with its Privacy Policy. I understand that my personal information may include, but is not limited to, my name, address, phone number, email address, date of birth, insurance information, and medical history.

I understand that Pediatric Offices at Willow Bend may use my personal information for the following purposes:

- Providing healthcare services and treatment.
- Processing payments and insurance claims.
- Appointment scheduling and reminders.
- Communication regarding my healthcare and related matters.
- Quality improvement activities and research (with appropriate safeguards).

I understand that my personal information will be kept confidential and will only be disclosed as permitted or required by law or with my consent.

I acknowledge that I have the right to review Pediatric Offices at Willow Bend's Privacy Policy and HIPAA Notice of Privacy Practices, and I understand that copies are available upon request.

X

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Parent/Guardian Signature

## **PATIENT GUIDELINES AND CONSENT FOR USE OF PATIENT PORTAL AND E-MAIL COMMUNICATIONS**

This Patient Portal is provided by Pediatric Offices at Willow Bend for the exclusive use of its patients and authorized parents, legal guardians, and other caregivers. By logging in, you attest that you are a member of one of the aforementioned groups and will use any confidential medical information that is disclosed to you only for its intended purposes. Any other use is strictly forbidden. If you believe that the security of your account has been compromised, please notify us immediately so we can reset your credentials.

To better serve our patients, this office has established an e-mail address for some forms of communication. For routine matters that do not require an immediate response, please feel free to contact us at any of the following emails:

**frontoffice@pedswb.com:** You can use this e-mail for the following inquiries: medical records, educational materials, and patient forms.

**billing@pedswb.com:** You can use this e-mail for the following inquiries: billing, payments, or insurance questions.

The turnaround time for routine patient communication is typically within 2 business days; however, inquiries requiring extensive involvement of the providers may cause a delay in message delivery. Should you require urgent or immediate attention, this medium is not appropriate.

When sending an e-mail, please put the subject of the message in the subject line so we may process it more efficiently. Some forms of communication (e.g., HIV and mental health) are not appropriate for e-mails. Also, be sure to put the name and return telephone number in the body of the message. We also ask that you acknowledge receipt of e-mails coming from this office by using the auto reply feature.

Communication relating to diagnosis and treatment will be filed in your medical records. This office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of e-mail, third parties may have access to messages. When communicating from work, you should be aware that some companies consider e-mail corporate property and that your messages may be monitored. In addition, you should be aware that although an email may be addressed to one person, our staff and/or colleagues will have access to this information.

By signing our Consent Acknowledgement Form, you acknowledge you agree and fully understand the Patient Guidelines and Consent for Use of Patient Portal and E-mail Communications.

**X**

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Parent/Guardian Signature