

3783 International Court, Suite 200
Springfield, Oregon 97477
Phone: 541.735.3778
Fax: 541.735.3772
oregonsurgicalwellness.com



ACKNOWLEDGEMENT OF HIPAA POLICY

I understand that Oregon Surgical Wellness LLP (referred to below as "OSW") will use and disclose health information about me.

I understand that my health information may include information both created and received by OSW, may be in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnosis, treatments, procedures, prescriptions, and similar types of health-related information.

I understand and agree that OSW may use and disclose my health information in order to:

- Make decisions about and plan for my care and treatment
- Refer to, consult with, coordinate among, and manage along with other health care providers and facilities for my care and treatment
- Determine my eligibility for health plan or insurance coverage, and submit bills, claims and other related information to insurance companies or others who may be responsible to pay for some or all of my health care. I understand that if I pay out of pocket in full (full payment must be received prior to service being performed) for a specific item or service, I have the right to ask that my Protected Health Information with respect to that item or service not be disclosed to a health plan.
- Perform various office, administrative and business functions that support my physician's efforts to provide me with, arrange and be reimbursed for quality, cost-effective health care.
- To promote quality of care, we use electronic community health records that share health information among many providers. These computer systems are used by many providers including those not affiliated with us. These electronic community health records let us, and other providers look at and/or add information about you, your health, the care you receive, and other important facts. Not all your information is kept on the community health records. Not every provider that treats you looks at or adds information in the community health records. We cannot remove information once it is placed in the community health records

I also understand that I have the right to receive and review a written description of how OSW will handle health information about me. This written description is known as a **Notice of Privacy Practices** and describes the uses and disclosures of health information made and the information practices followed by the employees, staff and other office personnel of OSW, and my rights regarding my health information.

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Compliance Officer at 541.735.3778. You will not be penalized for filing a complaint.

I understand that the Notice of Privacy Practices may be revised from time to time, and that I am entitled to receive a copy of any revised Notice of Privacy Practices. I also understand that a copy or a summary of the most current version of OSW's Notice of Privacy Practices in effect will be posted on the company website.

I understand that I have the right to ask that some or all of my health information not be used or disclosed in the manner described in the Notice of Privacy Practices, and I understand that OSW is not required by law to agree to such requests.

By signing below, I agree that I have reviewed and understand the information above and that I have been offered a copy of the Notice of Privacy Practices.

Signature: _____ Date: _____