

Well Adjusted World
715 Lake Street Suite 271
Oak Park IL 60301

Office Procedures – SHORT FORM

This is the **short form** that is *required by the federal government* for ALL physicians and healthcare providers as of April 14th 2003. This notice describes how health information about you may be used and disclosed and how you can get access to this information. You may request at any time to read the more detailed LONG form version of our office's privacy policy. This requirement is detailed in the HIPAA (Health Insurance Portability and Accountability Act), for more information on HIPAA you can visit the official website at <http://www.cms.hhs.gov/hipaa/> If you have any questions about this Notice please contact our Privacy Contact who is *Dr. Seán Manning*

HIPAA Consent Short Form as per Federal HIPAA Law #101-191

Please review the following information in its entirety, and sign at the bottom.

- There may be times our office may need to use your private health information (PHI) to contact you either by phone or mail in regards to issues such as:
 - Appointment Reminders, Information about care & care alternatives
 - Insurance information and/or billing issues, etc.
 - Cards (such as birthday, get well, etc.), thank you notes for referrals & referral board
 - Other health information that may be of interest to you, including a health newsletter

- In our attempt to contact you we may not get your directly. This means that contact may be either through a letter, postcard, or voice mail (answering machine). Should you have a reason to exclude one of these methods, please let a member of our staff know your request. However, our office does reserve the right to contact you by any means necessary if we feel that it is a warranted medical emergency.

- Please submit any exclusion from contact to our office in writing, so we can make this request a permanent part of your health file.

- In order to achieve a more relaxed and family approach to healthcare, our office chooses to practice in an open style of treatment. In most cases exam and adjusting rooms are often left open, *except* where modesty is appropriate. If at any time you would like to increase your privacy by being seen in a sealed room, or if there are issues you would like to discuss in a more secure and private fashion, please ask a member of our staff *prior* to your care or consultation. Additionally in order to keep a more personal atmosphere, our reception space is open air to the public. We chose not to employ a privacy shield or glass window so our clients feel more at home and have direct contact with the staff should they need it, rather than having to knock and feel intrusive. If at anytime you would wish to communicate with the staff privately, or have the staff exclusively communicate to you or about your PHI in a more secure location, please make the staff aware of this request.

I acknowledge that once I sign this consent form, that I will agree to the terms and conditions as set down by Federal HIPAA Law. Should you wish to read the **LONG** form of our office privacy policies please make this request before signing this form. Please see a member of our privacy team if you have any questions or need assistance in completing this form.

Printed Patient name: _____ Signed: _____ Date: ___/___/___

Printed Witness name: _____ Signed: _____ Date: ___/___/___