

Med First Immediate Care and Family Practice, PA
NOTICE OF PRIVACY PRACTICE AND PATIENT CONSENT
FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

PATIENT NAME

DATE

I **understand** that under Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain Patient Rights regarding my protected health information.

I **understand** that Med First Immediate Care and Family Practice, PA may use or disclose my protected health information for treatment, payment or health care operations-which means for providing health care to me, the patient; handling billing and payment; and, taking care of other health care operations. Unless required by law, there will be no other uses and disclosures of this information without my authorization.

Med First Immediate Care and Family Practice, PA has a detailed document called the "**Notice of Privacy Practices**". It contains a more complete description of your rights to privacy and how we may use and disclose protected health information.

I **understand** that I have the right to read the "*Notice*" before signing this agreement. If I ask, Med First Immediate Care and Family Practice, PA will provide me with the most current *Notice of Privacy Practices*.

My signature below indicates that I have been given the chance to review such copy of the *Notice of Privacy Practices*. My signature means that I agree to allow Med First Immediate Care and Family Practice, PA to use and disclose my protected health information to carry out treatment, payment and health care operations. I have the right to revoke this consent in writing at any time, except to the extent that Med First Immediate Care and Family Practice, PA has taken action relying on this consent.

SIGNATURE (Patient or Legal Custodian/Authorized Representative)

DATE

Relationship to Patient (If signed by another party)

DATE

You may obtain a copy of our *Notice of Privacy Practices*,
Including any revisions of our "*Notice*" at any time by contacting:

Med First Immediate Care and Family Practice, PA
609 Richlands Highway #6
Jacksonville, NC 28540
Or call 910-455-0052