



Patient Privacy

Your medical information is personal and private. We are committed to protecting it. Our HIPAA notices, privacy policies, and patient bill of rights & responsibilities can be found on our website and posted in our lobby. They are also made available to you in print upon request of our staff.

How we share your personal health information:

- To share with you:** Upon your request, you may always access your own health records in their fullness.
- For care or treatment purposes:** We may consult with other medical professionals on our team and share your health information. This disclosure is only for the purpose of your care plan. Your authorization is always required to share any health information with another medical professional not on staff with us.
- For payment:** Your insurance or payer may require us to share some of your health information in order to cover your services. If you are uninsured, you may restrict the disclosure of your health information for payment.
- For business operations:** We may share health information for quality assessment purposes, licensing, and other business needs. Any outside parties, such as licensing body, have written contracts to protect the privacy of your health information.

You may choose to request additional restrictions on the use and disclosure of your protected health information and/or for additional confidential communication. Please ask our staff.

Full Name of Patient & Signature _____
Date

Catherine's may release medical information to the following individuals:

Name:	Relationship:	Name:	Relationship:
Name:	Relationship:	Name:	Relationship:

Yes **No** Catherine's may leave detailed messages on my voicemail in regard to upcoming appointments (if no, we will leave our name, phone number, date & time of appointment)

Yes **No** Catherine's may leave detailed messages on my voicemail from the clinical team in regard to my health (if no, we will leave our name, phone number, date & time of appointment)

Patient/Guardian Signature _____
Date

OFFICE USE ONLY

If it is not possible to obtain the individual's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgment and the reasons why the acknowledgment was not obtained.

Name & Signature of Center Representative _____
Date