

HIPAA NOTICE OF PRIVACY PRACTICES AND CONSENT

I hereby give my consent for **Northwest Integrative Medicine (NWIM)** to use and disclose *protected health information (PHI)* about me to carry out *treatment, payment and health care operations (TPO)*, or as otherwise required by law. The Notice of Privacy Practices provided by NWIM describes such uses and disclosures more completely.

- NWIM has posted their Notice of Privacy Practices in the patient Welcome Area, which provides more detailed information about the usage and disclosure of my Protected Health Information. I have the right to review the Notice of Privacy Practices prior to signing this consent and to receive a printed or electronic copy of the Notice.
- I have the right to request restrictions to the usage and disclosure of my Protected Health Information (PHI) to carry out TPO. I understand that while NWIM may honor these requests, they are not required by law to do so. If NWIM agrees, NWIM is bound by this agreement.
- I have the right to revoke this consent, in writing, at any time, except to the extent that the practice has already made disclosures in reliance upon my prior consent. Revocations will be honored as of the date they are received by NWIM at the following address: NWIM 19365 SW 65th. Ave. #209, Tualatin, OR 97062.
- NWIM reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to NWIM 19365 SW 65th. Ave. #209, Tualatin, OR 97062.
- With this consent, NWIM may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.
- With this consent, NWIM may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."
- With this consent, NWIM may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

By signing this form, I am consenting to allow NWIM to use and disclose my PHI to carry out TPO. If I do not sign this consent, or later revoke it, NWIM may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Print Patient's Name

Print Name of Legal Guardian, if applicable

Date