

Haller & Hug, P.C.

HIPAA Message Authorization

In general, the HIPAA privacy law gives patients the right to request a restriction on uses and disclosures of their protected health information (PHI). The patient is also provided the right to request confidential communications and to specify by what means communications will be made.

I wish to be contacted in the following manner (please number in order of preference and make a selection under the option).

- Home phone # _____
 Okay to leave a message with detailed info
 Leave a message with a call-back number only
- Cell phone # _____
 Okay to leave a message with detailed info
 Leave a message with a call-back number only

Patient Portal Message – Can be accessed via our website hallerandhug.com from any computer.

You can use your existing login and password from yahoo, msn, Gmail, Facebook, or create a new login with the FMH option. Once connected you can follow the directions in the invite you receive via email, or simply add the connection to our office under the account tab in your connections. To use this from a smartphone/iphone you can download the free app with the links on our website. (Please note using one of the above login options does NOT in any way connect your health records to the public pages on the above listed websites)

Please list email for invite if not already a member _____

- Written Communication
 Okay to mail to my house address
 Okay to fax to this number _____

Patient/Guardian Signature: _____ Date: _____

Patient Name: _____ (Please print) DOB: _____

A Patient-Centered Medical Home is a Partnership Between the Patient and his/her Physicians

Being a part of a Patient-Centered Medical Home, your Primary Care Physician will:

- Work with you to improve your health
- Review your medications at every visit and recommend changes if needed
- Develop a plan with you to improve your health and manage any chronic health problems
- Set health goals with you and monitor your progress to help you stay healthy
- Use computer technology as needed to optimize your care
- Inform you of all test results in a timely manner
- Provide you with educational material and information about community programs that will help you improve your health
- Provide 24 hour phone access to a medically trained professional (doctor, nurse or other provider)
- Work with after-hours care centers to be informed of your visit within 24 hours
- Offer same day appointments when needed

By choosing to participate in a Patient-Centered Medical Home, I agree to:

- Make sure my doctor knows my entire medical history
- Tell my doctor all of the medications I am taking
- Actively participate with my doctor in planning my care
- Keep my appointments as scheduled
- Follow my doctor's recommendations
- Frequently sign into my patient medical record portal to update my medical history, review messages, and communicate with my provider(s) when necessary
- Ask my doctor questions about things I do not understand
- Ask my Primary Care Physician for advice before making an appointment with a specialist
- Ask other health care providers to send my doctor information such as lab or test results, x-rays, or treatment notes
- Understand my insurance, what it covers and update the office with changes
- Provide the office feedback on how they can improve my care

Being a part of a Patient-Centered Medical Home Neighborhood, your Specialists will:

- Communicate with your Primary Care Physician about treatment plans, medications, test orders and test results
- Support the treatment plans and health goals set by your Primary Care Physician
- Have an agreement with your Primary Care Physician regarding who will have the lead responsibility for your care if a chronic disease exists
- Have same day appointments available for urgent problems and appointments within 1-3 weeks available depending on your medical needs
- Work with your Primary Care Physician to coordinate all aspects of your care

I would like to be a part of the Haller & Hug, PC PCMH family and agree to do my part in making me as healthy as possible.

Patient Name: _____

Patient Signature: _____

Date: _____

Not at this time thanks