
Health Insurance Portability and Accountability Act (HIPAA) Consent

I consent to the use or disclosure of my protected health information (PHI) by InHealth Technologies, A Division of Helix Medical, LLC, for the purpose of Treatment, Payment and Health Care Operations.* I have received a copy of the Notice of Privacy Practices and understand I have a right to review prior to signing this document.

I UNDERSTAND:

- Service to me may be conditioned upon my consent as evidenced by my signature on this document.
- I have the right to request a restriction as to how my PHI is used or disclosed to carry out treatment, payment or health care operations of the practice. InHealth Technologies is not required to agree to the restrictions that I may request. However, if InHealth Technologies agrees to a restriction that I request, the restriction is binding on InHealth Technologies.
- I have the right to revoke this consent, in writing, at any time, except to the extent that InHealth Technologies has taken action in reliance on this consent.
- My PHI means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, and a health care clearinghouse. This PHI relates to my past, present or future physical or mental health or condition and identifies me; or, there is a reasonable basis to believe the information may identify me.

THE NOTICE OF PRIVACY PRACTICES DESCRIBES:

- The types of uses and disclosures of my PHI that will occur in my treatment, payment of my bills or in the performance of health care operations performed by InHealth Technologies.
- My rights and the duties of InHealth Technologies with respect to my PHI.

PLEASE COMPLETE THIS FORM AND MAIL OR FAX TO:

Privacy Officer
InHealth Technologies
1110 Mark Avenue
Carpinteria, CA 93013

Fax: (888) 371-1530

InHealth Technologies reserves the right to change its privacy practices. All current or revised notices can be obtained on the InHealth Technologies website at www.inhealth.com; or, by contacting customer service and requesting a copy to be mailed, or by visiting the corporate office located at 1110 Mark Avenue, Carpinteria, CA 93013.

Full Name (PLEASE PRINT)

State/ Zip Code

Signature of Patient

Date

***Treatment** includes activities performed by a health care provider, nurse, office staff, and other types of health care professionals providing care to you, coordinating or managing your care with third parties, and consultations with and between other health care providers. **Payment** includes activities involved in determining your eligibility for health plan coverage, billing and receiving payment for your health benefit claims, and utilization management activities which may include review of health care services for medical necessity, justification of charges, pre-certification and pre-authorization. **Health Care Operations** includes the necessary administrative and business functions of our office.