



HIPAA SUMMARY

In the course of receiving services from Oregon Family Health, you will provide us with personal information about your health with the understanding that this information will confidentially be used solely to your benefit.

The intention of HIPAA is to maintain the privacy of your health information. Your information is used to contact you, order medications, bill insurance, and coordinate care to name a few things. We will not share your information with anyone whom you do not authorize.

Your rights include:

1. Decide who you authorize to receive your health information.
2. Request restrictions on how your information is shared.
3. Request confidential communication by a specified means.
4. Inspect and receive a copy of your health information.
5. Request us to amend your chart if you feel there is an error.
6. Request a list of the log of releases we've made of your information.
7. Receive a paper copy of this notice
8. Complain about our Privacy Practices.

By signing below, you acknowledge understanding of HIPAA and our compliance with the laws protecting your information. You have been provided a full copy of HIPAA with this short form and may read it prior to signing below.

Printed Name

Signature

Date

GENETIC RESEARCH

There are occasions when genetic research is performed on biological samples (blood, urine, tissue, etc) collected from a general pool of patients. It is possible that research may be performed on your samples.

There are two types of research. Anonymous Research completely separates your identifying information from your sample. In Coded Research, those are kept separate, but can be linked under strict and strenuous circumstances. In both types, your identity is protected.

The State of Oregon mandates a rigorous protocol before any research is allowed to proceed. It also developed a law to protect the genetic privacy of individuals. This includes the right to decline participation in research all together. Your decision will not affect the care you receive at Oregon Family Health.

To allow your samples to be available for future research, you do not need to do anything. If you would like to decline potential participation, please notify our staff so we can properly instruct you. Every individual has the right to change his/her mind at any time. Your decision is effective on the date this notice is completed.

If you have any questions, please address them with any of our staff members.

I decline to have my health information and biological samples available for anonymous or coded genetic research.

Printed Name

Signature

Date