

Thomas N. Kias, M.D.
Mary Bess Jarrard, M.D.
Elizabeth Lester Johnson, M.D.

Name: _____ Date: _____

**PLEASE PROVIDE US WITH A COPY OF YOUR INSURANCE CARD(S) AND PICTURE ID
CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT OR
PAYMENT**

I, _____, understand that as part of my health care, Thomas N. Kias, M.D., P.C. (TNKMDP.C.) originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment, and my plans for future care and treatment. I understand that this information serves as:

- **A basis for planning my care and treatment**
- **A means of communication among the many health professionals who contribute to my care**
- **A source of information for applying my diagnosis and surgical information to my bill**
- **A means by which a third-party payer may verify that services billed were actually provided**
- **A tool for routine health care operations, such as assessing quality and reviewing the Competence of health care professionals**

I understand and agree, gby my signature below, that I have received a copy of TNKMDP.C.'s "Notice of Privacy Practice for Protected Health Information," from time to time and that notices of such changes will be provided to me.

I understand that I have the right to request restrictions as to how my Health Information may be used or disclosed to carry out treatment, payment, or health care operations. I understand and agree that TNKMDP.C. will be bound by that restriction.

I understand that I may revoke this Consent by Notifying TNKMDP.C. in writing that I revoke this consent unless TNKMDP.C. has used or disclosed my Health Information in reliance on this Consent.

I understand that TNKMDP.C. has the right to disclose relevant Health Information to my family member, other relative close or personal friends, or anyone identified by me.

Signature of Patient or Legal Representative

Date

THOMAS N. KIAS MD, P.C.

Notice of Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION.
PLEASE READ IT CAREFULLY.

Understanding Your Health Record / Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer may verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we may assess and continually work to improve the care we render and the outcomes we achieve
- Understanding of what is in your health record and how your health information is used helps you to insure its accuracy
- Better understanding of who, what, when, where, and why others may access your health information
- Means to make more informed decisions when authorizing disclosures to others

You Health Information Rights

Although your health record is the physical property of Thomas N. Kias MD, P.C. (TNKMD, P.C.) who compiles it, the information belongs to you.

You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by CFR 164.522
- Obtain a paper copy of TNKMD, P.C.'s "Notice of Privacy Practices," upon initial office visit and upon request during subsequent office visits
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Request to have your health record amended as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

TNKMD,P.C. Responsibilities

TNKMD,P.C. is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will provide a copy of the revised notice.

We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have a question and would like additional information, you may contact the manager of TNKMD,P.C. at 706-546-0832.

If you believe your privacy rights have been violated, you may file a complaint with the manager of TNKMD,P.C. or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures / Non-Disclosures for Treatment or Payment

TNKMD,P.C. will use your health information for treatment.

For Example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In this way, the physician will know how you are responding to treatment. TNKMD,P.C. will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this office.

TNKMD,P.C. will use your health information for payment.

For Example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Business Associates: There are some services provided in our office through contracts with business associates. Examples include hospital physician services in the emergency department and radiology, certain lab test, and physical therapy services. When these services are contacted, we may disclose your health information to our business associates so that they perform the job TNKMD,P.C. has asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, TNKMD,P.C. requires the business associated to appropriately safeguard your information.

Directory: TNKMD,P.C. will **not** provide your name and/or your protected health information (PHI) to any outside directory service.

Notification: TNKMD,P.C. may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, your location, and general condition.

Communication with Family: Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: TNKMD,P.C. may disclose health information to researchers when their research has been approved by an institution review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral Directors: TNKMD,P.C. may disclose health information to funeral directors consistent with the applicable laws to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, TNKMD,P.C. may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: TNKMD,P.C. **will not** involve you or your protected health information in any marketing.

Fund Raising: TNKMD,P.C. **will not** contact you as a part of a fund-raising effort.

Food and Drug Administration (FDA): TNKMD,P.C. may disclose to the FDA health information relative to adverse events in respect to product and product defects or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: TNKMD,P.C. may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, TNKMD,P.C. may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution: Should you be an inmate of a correctional institution, TNKMD,P.C. may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: TNKMD,P.C. may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Liability: TNKMD,P.C. will provide PHI in defense of medical professional liability claims asserted by patients.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that TNKMD,P.C. has engaged in unlawful conduct or has otherwise violated professional or clinical standards and is potentially endangering one or more patients, workers, or the public.

Effective Date: April 14, 2003