

# Greenwood Pediatrics 18+ HIPAA

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## I can be contacted by:

- Phone: \_\_\_\_\_ CELL or HOME
- Email: \_\_\_\_\_
- Mail, list address if different than home address: \_\_\_\_\_
- Okay to leave message at : \_\_\_\_\_

## Appointments can be arranged/changed by:

- Only me
- Mother: \_\_\_\_\_
- Father: \_\_\_\_\_
- Other: \_\_\_\_\_ (please specify: Stepparents, Grandparents, etc.)

## The following can pick up my prescriptions: (parents must be listed individually to have access)

- Only me
- Mother: \_\_\_\_\_
- Father: \_\_\_\_\_
- Other: \_\_\_\_\_ (please specify: Stepparents, Grandparents, etc.)

## The following can access my medical and financial information: (parents must be listed individually to have access)

- Only me
- Mother: \_\_\_\_\_
- Father: \_\_\_\_\_
- Other: \_\_\_\_\_ (please specify: Stepparents, Grandparents, etc.)

## I authorize Greenwood Pediatrics to give the persons listed directly above:

- FULL DISCLOSURE OF PHI** (Protected Health Information)
  - LIMITED DISCLOSURE OF PHI** (Excludes information regarding sexual activity, alcohol, drugs, psychological & psychiatric records, STD, AIDS/HIV).
- I understand that GWP uses E-Prescribe for my pharmacy needs (E-prescribe is the ability to send prescriptions to the pharmacy by secured email system)
  - I understand that I will receive appointment reminders via text to my listed cell phone (standard text rates may apply)
  - I understand any changes to my contact preferences must be in writing

## I hereby acknowledge I have read and understand the Greenwood Pediatrics Notice of Privacy Practices

Greenwood Pediatrics endorses, supports, and participates in electronic Health Information Exchange (HIE) as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and effectively share patients' clinical information electronically with other physicians and health care providers that participate in the HIE network. Using HIE helps your health care providers to more effectively share information and coordinate your health care. The HIE may also enable emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your health care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. You have the ability to opt-out of participation in the HIE anytime.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

#### Documentation of Good Faith Effort

*For use when acknowledgment cannot be obtained from the guardian or patient*

The patient was present in the office on \_\_\_\_\_ and was provided with a copy of the Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgment of their receipt of Notice. However, such an acknowledgment was not obtained because:

- Patient was unable to sign or initial because: \_\_\_\_\_
- Patient refused to sign

Signature of GWP Representative \_\_\_\_\_ Date \_\_\_\_\_