

## **Diabetes Community Center Notice of Privacy Practices**

The Diabetes Care Center is dedicated to protecting and maintaining the privacy of the medical information you have entrusted to us. Our commitment is to ensure that your health information is never compromised by any of those involved with or employed by this Center.

Your medical information is called “protected health information” or PHI, and includes information that can be used to identify you for our filing system, or information about your past, present, or future health or medical condition, the provision of health-care to you, or the payment of this health-care. We also may use and disclose PHI to give you information about health-related benefits or services that may be of interest to you.

We may at times need access to your medical record to provide quality care and to comply with certain legal requirements. We will use and disclose the information we receive from you only as allowed by the Health Insurance Portability and Accountability Act (HIPAA). Issues in which we believe you may be a victim of abuse, neglect, domestic violence or other crimes obligate us, by law, to disclose information to law enforcement officials. We will not use your information for marketing purposes without your prior consent.

Our office and electronic systems are secure from unauthorized access and all staff workers and employees are trained to ensure that your records are kept confidential and protected. We may use and/or disclose your health information to communicate to other health-care providers directly involved in your diabetes care in order to carry out treatment, payment, or health care operations. You may also give written authorization for us to disclose your information to anyone you choose.

You have the right to request and receive copies of your healthcare information in a variety of formats. We may charge for your copies in an amount allowed by law. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information at any time with a written request.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the federal Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to us or to the Department of Health and Human Services. To file a complaint, contact Deanne Vialpando, CFO/Privacy Officer at 719-473-7808. Please submit complaints in writing.

We appreciate your patronage at our practice. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information.

## **Diabetes Community Center Signed Consent to Treat**

I have read and understood the Diabetes Care Center's Notice of Privacy Practice. I authorize Diabetes Care Center to obtain personal health information to carry out quality of diabetes care operations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I authorize Diabetes Care Center to release personal health information (ex: appointment reminders, payment options, treatment alternatives) to the following parties who may be involved in my medical care (including family members, other relatives, or close personal friends).

Name: \_\_\_\_\_

Relation to Client: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Client: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Client: \_\_\_\_\_

Contact Information: \_\_\_\_\_