

## Notice of Privacy Practices and Patient Consent For Use and Disclosure of Protected Health Information

\_\_\_\_\_ MRN#

**Patient Name:** \_\_\_\_\_  
(Please print)  
**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
**Today's Date:** \_\_\_\_\_

### I understand...

- That under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain Patient Rights regarding my protected health information.
- That Illinois Gastroenterology, LLC /Mid-Central Illinois Gastroenterology , Ltd, a member of Premier Medical Group, LLC - may use or disclose my protected health information for treatment, payment or health care operations - which means for providing health care to me, the patient; handling billing and payment; and, taking care of other health care operations. Unless required by law, there will be no other uses and disclosures of this information without my authorization.
- That Illinois Gastroenterology, LLC /Mid-Central Illinois Gastroenterology , Ltd, a member of Premier Medical Group, LLC has a detailed document called the '**Notice of Privacy Practices**'. It contains a more complete description of your rights to privacy and how we may use and disclose protected health information.
- That I have the right to read the '*Notice*' before signing this agreement. If I ask, Illinois Gastroenterology, LLC /Mid-Central Illinois Gastroenterology , Ltd, a member of Premier Medical Group, LLC will provide me with the most current *Notice of Privacy Practice*.
- That Illinois Gastroenterology, LLC /Mid-Central Illinois Gastroenterology , Ltd, a member of Premier Medical Group, LLC, a member of Premier Medical Group, LLC policy is to call patients by their first and last names.

**My signature** below indicates that I have been given the chance to review such copy of the *Notice of Privacy Practices*. My signature means that I agree to allow Illinois Gastroenterology to use and disclose my protected health information to carry out treatment, payment, and health care operations, including release of medical information to my insurance/Medicare carrier to determine benefits payable for related services. I understand that I am financially responsible to the clinic for any charges covered by this authorization. Some costs (i.e. immunizations, Virtual Colonoscopy's) may not be covered by insurance/Medicare. I understand that these costs are my responsibility. I have the right to revoke this consent in writing at any time, except to the extent that Illinois Gastroenterology has taken action relying on this consent.

\_\_\_\_\_  
**SIGNATURE** (Patient or Legal Custodian/Authorized Representative)

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**Relationship to Patient**

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our 'Notice' at anytime by contacting :  
Illinois Gastroenterology, LLC, 2200 Jacobssen Drive, Normal, IL, 61761 309-451-1123

**\*ADDITIONALLY**, you grant **Illinois Gastroenterology, LLC / Mid-Central Illinois Gastroenterology, Ltd** permission to to:

**Leave a message on your answering machine and/or voice mail.** YES or NO  
This would be at the phone number recorded in the chart unless another one is specified)

**Discuss your health care issues with your spouse or other designated person. \*\*** YES or NO

**\*\*If yes, please list additional designated individuals:**

\_\_\_\_\_  
**Relationship to Patient**

\_\_\_\_\_  
**Phone Number**

## CONSENT FORM DEFINITIONS

“Health care operations” refers to a large number of activities, including:

1. Conducting quality assessment and improvement activities, including outcome evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
3. Underwriting, premium rating, and other activities relating to creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance);
4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
5. Business planning and development, such as conducting cost management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and
6. Business management and general administrative activities including but not limited to: (a) management activities relating to HIPAA privacy rule compliance; (b) customer services, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer; (c) resolution of internal grievances; (d) due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a covered entity or, following completion of the sale or transfer, will become a covered entity; and (e) creating de-identified health information, fundraising for the benefit of the covered entity, and marketing for which an individual authorization is not required.

“Payment” means the activities undertaken by the physician to obtain reimbursement for the provision of health care. These activities referred to in this definition relate to the individual to whom health care is provided and include, but are not limited to:

1. Determination of eligibility coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
2. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing;
3. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
4. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and
5. Disclosure to consumer reporting agencies of any of the following information relating to reimbursement: name and address, date of birth, Social Security number, payment history, account number, and name and address of the physician.

“Treatment” means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider or another.

“Use” means the sharing, employment, application, utilization, examination, or analysis of patient information within the physician’s practice that maintains such information.