

# Consent for Treatment

**Methods, Procedures and Therapeutic Approaches:** Providers may perform any of the following procedures as necessary to give proper assessments, determine treatment approaches, treat or otherwise address your health concerns.

- **General Diagnostic Procedures:** including but not limited to venipuncture, pap smears, radiography, and blood and urine lab work, general physical exams, neurological and musculoskeletal assessments.
- **Psychological Counseling; Lifestyle Counseling; Exercise Prescriptions**
- **Herbs/Natural Medicines:** prescribing therapeutic substances which include plants, minerals and animal materials. Substances may be given in the form of teas, pills, powders, tinctures (may contain alcohol); topical creams, pastes, plasters, washes; suppositories or other forms. Homeopathic remedies, often highly diluted quantities of naturally occurring substances, may also be used.
- **Dietary Advice and Therapeutic Nutrition:** use of foods, diet plans or nutritional supplements for treatment—may include intramuscular vitamin injections.

**Potential Risks:** While not common, can potentially occur from any therapy. Some examples include but are not limited to: pain or discomfort from electromagnetic- and hydrotherapies; allergic reactions to prescribed herbs or supplements; and aggravation of pre-existing symptoms.

**Potential benefits:** Restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery and prevention of a disease or its progression.

**Notice to Pregnant Women:** All female patients must alert the doctor if they know or suspect that they are pregnant, since some of the therapies used could present a risk to the pregnancy. We do not use any labor-inducing substances unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment.

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Bastyr University Teaching Clinic or any of its personnel regarding cure or improvement of my condition. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or me or otherwise permitted or required by law.

\_\_\_\_\_  
Patient's Name (PRINT)

\_\_\_\_\_  
Guardian/Personal Representative's Signature

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Relationship/Representative's Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## DISCLOSURE

Bastyr University Teaching Clinic is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org). As a business associate of Bastyr University Teaching Clinic, OCHIN supplies information technology and related services to Bastyr University Teaching Clinic and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by Bastyr University Teaching Clinic with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement.

\_\_\_\_\_ *Initials*

## FINANCIAL

I understand that if I am insured with a BUTC contracted insurance company, BUTC is required to submit claims on my behalf. I also understand that I will be responsible for all charges whether or not they are covered by my insurance. Some procedures may be considered non-covered services and I will be required to make payment in full at the time of service. I understand that there is a cancellation policy and that I may be billed for missed appointments or appointments cancelled with less than 24 hours notice. I understand that finance charges will begin accruing on accounts that are 60 days past due at a rate of 1.5% per month. I further understand that overdue accounts will be forwarded to an outside collection agency and I will be responsible for any fees generated as a result of collection efforts. I understand that any guarantor listed above is subject to the same financial terms as outlined in this paragraph and that my payment history, account balance and due dates may be disclosed to the guarantor for the purposes of securing payment. I understand that the guarantor, if someone other than myself, is not authorized to receive my medical information unless expressly authorized by me in writing.

\_\_\_\_\_ *Initials*

## PRIVACY

We keep a record of the health care services we provide you. Applicable state and federal laws protect the confidentiality of your medical information and grant you the right to see or obtain a copy of the record we keep. Moreover, if you believe that information in your record is inaccurate, you may also request that we correct or amend that record. We will not disclose your medical information to others unless you direct us to do so or applicable laws authorize or compel us to do so. Upon request, Bastyr University Teaching Clinic is required to provide you with a copy of its Notice of Privacy Practices and to obtain written acknowledgement that you have been given the opportunity to receive it. The notice outlines the types of uses and disclosures that may occur involving your protected health information, describes your rights and explains how you may exercise those rights. Please read it carefully. If you have questions concerning the management of your health care information at our clinic, wish to inquire about your rights or if you wish schedule an appointment to view your medical record, please call our medical records office at (206) 834-4151.

\_\_\_\_\_ *Initials*

## RESEARCH

Bastyr University participates in medical research activities. You may be contacted to participate in future research studies for which you may be eligible. By initialing here you have indicated your agreement. You have the right to opt out in writing at any time.

\_\_\_\_\_ *Initials*

I hereby acknowledge that I agree to the terms outlined above, and have been given the opportunity to receive a copy of Bastyr University Teaching Clinic's Notice of Privacy Practices. Should I fail to sign this form, I acknowledge that Bastyr has made a good faith effort to obtain my acknowledgement.

\_\_\_\_\_  
Patient's Name (PRINT)

\_\_\_\_\_  
Guardian/Personal Representative's Name (PRINT)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Guardian/Personal Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship/Representative's Authority

\_\_\_\_\_  
Date

# BASTYR UNIVERSITY

## California

### Notice of Privacy Practices

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

#### Who Will Follow This Notice

This joint notice describes the practices of:

- Any health care professional authorized to enter information in your medical record at Bastyr University Teaching Clinic or at select external clinic sites\* affiliated with Bastyr. This includes employees and contracted medical staff. Bastyr and its non-employee medical staff have formed an organized health care arrangement so that Bastyr and its independent providers may share your health information with each other as necessary to carry out treatment, payment, and operations. Your independent provider may have separate privacy practices for care delivered at their private offices or clinics outside Bastyr.
- All department personnel of Bastyr University that comprise Bastyr's health care component. This includes all personnel of the Bastyr University Teaching Clinic, Bastyr's Research Department, and select external clinic sites\* affiliated with Bastyr as well as any member of a volunteer group we allow to assist you while you are at the clinic and individuals who offer support services to Bastyr on a volunteer basis.

\*You may obtain a complete list of affiliated Bastyr sites subject to this Notice by contacting the Medical Records Department at: 4106 Sorrento Valley Boulevard; [(858) 246-9730].

#### Our Responsibilities

Bastyr University and its clinics respect your privacy. We understand that your personal health information is very sensitive. We will not disclose information to others unless you tell us to do so, or unless the law allows us or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information related to these services. Federal and state laws allow us to use and disclose your protected health information for purposes of treatment, payment, and health care operations.

#### How We May Use and Disclose Medical Information About You

**For Treatment:** Information obtained by a licensed provider, student clinician, or other member of our healthcare team will be recorded in your medical record and used to help decide what care may be right for you. For example, your physician may need to consult with specialists about your care. Information about you would be shared with other providers to help understand your care needs.

**For Payment:** When we request payment from your health plan or other payers, they need information from us about your medical care such as diagnoses, procedures performed, or recommended care in order to cover the services provided to you. For example, we may need to give your health plan information about physical medicine therapy you received so your health plan will pay us or reimburse you for the procedure. We will not disclose your health information to third party payers without your authorization unless allowed to do so by law.

**For Health Care Operations:** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to make sure that all of our patients receive quality care. For example:

- We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- We may disclose information to physicians, student clinicians, medical assistants, technicians, or other clinic personnel for review and learning purposes.
- We may use and disclose your information to conduct or arrange for services, including medical quality reviews; accounting, legal, risk management and insurance services; and audit functions, including fraud and abuse detection and compliance programs.

### Other Uses and Disclosures

**Clinic Directory:** Unless you notify us that you object, we may use your name, location in the facility, and general condition for directory purposes. Directory information may be provided to people who ask about you by name. This information also includes your appointment dates. No medical information, including your chief complaint or the nature of your care, will be disclosed as part of directory information.

**Communication with Family and Friends:** We may release medical information about you to a family member or friend who is involved in your care and/or helps pay for your care. We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Appointment Reminders:** We may contact you as a reminder that you have an appointment for treatment or medical care at our clinic.

**Treatment Alternatives:** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services:** We may tell you about health related benefits, services, or health care education classes that may be of interest to you.

**Fundraising:** We may contact you as part of a fundraising effort. If we contact you, we will also provide you with a way to opt out of receiving future fundraising requests.

**Research:** We may disclose information to researchers when an institutional review board has approved the research proposal and established protocols to ensure the privacy of your health information. In most circumstances, we will ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are.

**As Required By Law:** We will disclose medical information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

### Special Situations

**Organ and Tissue Donation:** If you are an organ donor, we may release medical information as necessary to facilitate organ or tissue donation and transplantation to organizations that handle organ or tissue procurement and transplantation or to an organ donation bank.

**Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health:** As required by law, we may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our clinic;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners, and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official necessary for your health and the health and safety of other individuals.

### **Your Health Information Rights**

**Right to this Notice:** You have a right to a paper copy of this notice. You may ask us to give you a copy at any time.

**Right to Inspect and Copy:** You have a right to inspect and receive a copy of certain health care information including certain medical and billing records. To obtain a copy of your records you must submit your request in writing on an official authorization form to our Medical Records Department at: 4106 Sorrento Valley Boulevard, San Diego, CA 92121; [(858) 246-9730], fax [(858) 246-9710]. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. If you would like to schedule an appointment to view your record or if you have any questions about your right to inspect and copy your record, please contact the Medical Records Department Manager at [(858) 246-9730].

*Note:* We are required to retain our records of the care that we provided to you. Although you have the right to exercise control over certain uses and disclosures of your medical information, the medical record Bastyr maintains on your care is property of Bastyr. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your medical record, you may request that the denial be reviewed. We will comply with the outcome of the review.

**Right to Request Amendment:** You have a right to ask that your health information be amended by sending a written request to our Medical Records Department at: 4106 Sorrento Valley Boulevard, San Diego, CA 92121; [(858) 246-9730]. We have the right to deny this request under certain circumstances. You may write a statement of disagreement if your request is denied. This statement of disagreement will be stored in your medical record, and included with any release of your records.

**Right to a List of Disclosures:** You have the right to request a list of disclosures. This is a record of certain disclosures we made of medical information about you in accordance with applicable laws.

You must submit your request in writing to our Medical Records Department at: 4106 Sorrento Valley Boulevard, San Diego, CA 92121; [(858) 246-9730] to obtain a list of disclosures. The first time you request a list within a 12 month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restriction:** You have a right to ask us to restrict certain uses and disclosures of your health information. You may be asked to make this request in writing. Ask your caregiver if you have questions about this. We will comply with all reasonable requests.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a specific way or location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may be asked to make your request in writing. Ask the person (or department) that gave you this notice for more information about this process. We will comply with all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Revoke Authorization:** Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose health information about you under these circumstances, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and information disclosed to other party's may no longer be afforded certain protections under the law once released and might be re-disclosed to other parties without your authorization.

### Changes to this Notice

We reserve the right to change this notice at any time. Any revised or changed notice will be effective for medical information we already have about you as well as any information we receive in the future.

### Complaints

If you believe your privacy rights have been violated, you may contact Bastyr's HIPAA Compliance/ Safety Officer at: 3670 Stone Way North; Seattle, WA 98103; [(425) 602-3375]. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

**The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.**

Effective Date of this Notice: September 10, 2012