



Privacy Disclosure & Policies

This notice describes how your medical information may be used and disclosed (provided to others) and how you can gain access to this information. Please review this notice carefully.

As a patient of Gateway Urgent Care (GUC) you have the right to know how your private, confidential healthcare and personal information is being protected

Under the law you have the right (with certain limitations) to:

- Inspect and request copies of your records. GUC may charge a reasonable fee for record copies. If for any reason your request to inspect or receive copies of your health information is denied we will inform you or the reason.
- Request that your health care provider append information to your medical record.
- Receive a notice of your privacy rights by your health plan upon enrollment and when privacy practices are amended. Obtain a copy of GUC privacy policy

GUC is required, under specific circumstances, to use or disclose your protected health information without your written authorization. Examples include:

- Public Health activities; judicial & administrative proceedings; correctional institutions & other law enforcement situations
- Disclosure regarding victims of abuse neglect, or domestic violence; health oversight activities.
- Law enforcement; military & veteran activities
- Government programs providing public benefits & workers compensation
- Coroners, Medical Examiners and Funeral Directors

Use of Health Information

GUC may use your protected health information to provide you with health care services. GUC and entities such as health plans may use your health information for the following purposes:

- Consultations: Your doctor may consult with other healthcare practitioners and clinical/laboratory specialists while working on patient cases and treatment plans. These conversations and transfers of information by phone, in person, by fax or email are confidential and names are not used unless necessary and consent is provided either verbally or in writing.
- Health Care Operations: Your doctor may use or disclose, as needed, your protected health information in order to support business activities of our practice. These activities include, but are not limited to: quality assessment; training of medical students and staff; licensing and conducting or arranging for other business activities.
- Records Released: Your confidential healthcare information is private and cannot be copied and shared with anyone else without your written, signed consent. In some cases, if time does not permit, your verbal approval may be accepted. Releasing records is done by photocopy and is most often mailed. It is sent to whom you requested it for and is accompanied by a Confidential Patient Information Cover Sheet. On occasions when faxing of chart notes is required, a Confidential Healthcare Enclosed Fax Cover Sheet accompanies them.

In-office Security

The notes that are taken during appointments are secured by each individual practitioner of GUC through secure Electronic Medical Record (EMR) services. Access to Personal Health Information is limited to healthcare practitioners and employees of GUC.

Public Interaction

Should your doctor or employees of the clinic see you socially, by coincidence or intent, we will not acknowledge how we are acquainted unless you infer consent through introduction, etc. It is your doctor's preference to discuss your health in the office setting only to protect your privacy and to ensure that your personal health information is kept in your chart.

General Informed Consent for Care and Treatment

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo any suggested treatment or procedure after knowing the risks and hazards involved. At this point in your care, no specific treatment plan has been recommended. This consent form is simply an effort to obtain your permission to perform the evaluation necessary to identify the appropriate treatment and/or procedure for any identified condition(s).

This consent provides us with your permission to perform reasonable and necessary medical examinations, testing and treatment. By signing below, you are indicating that (1) you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended; and (2) you consent to treatment at this office or any other satellite office under common ownership. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.

You have the right to discuss the treatment plan with your physician about the purpose, potential risks, and benefits of any test ordered for you. If you have any concerns regarding any test or treatment recommended by your health care provider, we encourage you to ask questions.

I voluntarily request a physician, and/or mid level provider (Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist), and other health care providers or the designees as deemed necessary, to perform reasonable and necessary medical examination, testing and treatment for the condition which has brought me to seek care at this practice. I understand that if additional testing, invasive or interventional procedures are recommended, I will be asked to read and sign additional consent forms prior to the test(s) or procedure(s).

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

I have read and understand my right to privacy, as stated above, and agree to have GUC maintain my medical information in accordance with it's policies and agree to inform the clinic of any special arrangements I need in pertaining to this issue.

Printed Name: _____

Patient/legal guardian Signature: _____ Date: _____