



Notice of Privacy Practices/HIPAA Privacy Services

Boston Mountain Rural Health Center is committed to providing security for patient privacy and confidentiality. This organization collects, uses, and discloses personal health information only in conformance with state and federal laws and your personal authorization. Please understand that this may include the collection of other sources of information available, such as medication and prescription history and verification of insurance eligibility.

I have received a copy of the Boston Mountain Rural Health Center Notice of Privacy Practices

BMRHC participates in the State Health Alliance for Records Exchange (SHARE). SHARE is a way of sharing your health information statewide among your doctors, hospitals, labs, radiology centers, and other health care providers through secure, electronic means. With access to your up-to-date health information, your doctor can provide safer, more effective health care that is tailored to your personal medical needs. If you wish to opt-out, you must ask your health care provider for and complete an Opt-Out Form. You can also opt-out for your minor child (under the age of 18) using the same process.

In an effort to serve you more efficiently, BMRHC uses an automated system to remind you of appointments, lab notices by portal, health maintenance reminders, prescription confirmation and general notifications. You will be contacted using the latest contact information on file. Please understand that it is your responsibility to inform BMRHC when there are updates to your personal information.

I **DO** want to participate in the automated telephone services. (By checking this, I understand that anyone answering the telephone will receive this information and/or messages will be left on my answering machine.

I **DO** want to participate in text message services.

I **DO** want to participate in the web enabling information system/patient portal. (Exclude age 11-17yrs. of age.)

Email address: _____

I **DO NOT** wish to participate in the automated telephone or web enabling information system.

Boston Mountain Rural Health Center also realizes you may have family members or significant people whom you may wish your provider speak with regarding your healthcare information. Without your written consent, we cannot release any information to anyone except for purposes outlined in the HIPAA privacy act.

Please specify the individual(s) and their relationship to you that your provider has permission to discuss your healthcare information.

Individual's Name	Phone Number	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient's Signature _____
Date

Signature of Patient's Representative _____
Date

Relationship to Patient