**Consent to Provide Care**

With this consent, staff and providers at Community Health Center in Cowley County (CHCCC) may call, e-mail, text or utilize telehealth in reference to any items that assist the Practice in providing my medical care, such as contact information, appointment reminders, insurance related items, patient statements, and laboratory or diagnostic results, among other items. I have the right to request that CHCCC restrict how it uses or discloses my Personal Health Information by requesting forms from CHCCC.

**Acknowledgement of Receipt of Notice of Privacy Practices (Notice of Privacy Practices are available upon request)**

I acknowledge that I have been notified and understand *CHCCC's Notice of Privacy Practices* containing a description of the uses and disclosures of my health information. I further understand that the Practice may update its *Notice of Privacy Practices* at any time and I may receive an updated copy of the Practice's *Notice of Privacy Practices* upon my request at any time.

**Your Rights Regarding Electronic Health Information Technology**

Community Health Center in Cowley County participates in electronic health information technology or HIT. This technology allows a provider or a health plan to make a single request through a health information organization or HIO to obtain electronic records for a specific patient from other HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures. You have two options with respect to HIT. ***First,*** you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything. ***Second,*** you may restrict access to all of your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at http://www.KanHIT.org or by completing and mailing a form. This form is available at http://www.KanHIT.org. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information. If you have questions regarding HIT or HIOs, please visit http://www.KanHIT.org for additional information. If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

**Consent to Access External Prescription History**

I authorize the providers and staff at CHCCC to view external history via eClinicalWorks/RxHub software. I understand prescription history is from other unaffiliated medical providers, insurance companies and pharmacy managers and it may be viewable by the providers and staff of CHCCC. The external history includes prescription for several years. If you wish to opt out of this, you will need to make a request in writing.

**Assignment of Benefits**

I request that payments of authorized benefits from Medicare, Medicaid, and/or any other insurance carrier listed, be made to CHCCC for any services furnished to me and CHCCC may release any medical information needed to determine payable benefits. I agree to pay my co-payment, required deductible and patient responsibility amounts at the time of service and to pay for services not covered by my insurance plan.

By signing this form, I am consenting to Community Health Center in Cowley County to use and disclose my Personal Health Information to provide medical care. I understand I am responsible for my bill. I have read the above information and have no further questions.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_