

PRIVACY POLICY

Confidentiality has a high priority at Eagle Health & Wellness

The patient has the right to expect that all aspects of care will be treated as confidential. Privacy is established for patients/clients with a closed door when the clinician is examining, interviewing or sharing information.

All staff members must adhere to rules concerning confidentiality. A signed statement will acknowledge the policy of likely termination in the event of any breach of confidentiality.

Clerical staff and health care providers giving direct care may read and write on patients chart or computer data system. Chart and computer information may include:

- . Identifying data (name, age, gender, address, phone, etc.)
- . Name of insurance plan, if any (for statistical purposes, lab billing, RX
- . Medical data
- . Social data

Written requests are required for the release of medical records to the patient or to other providers or agencies. Contents of all information to be released shall be reviewed by clinician. If desired, prior to the release of information, the patient/client may review the records with the clinician so that parts of the record not specifically relevant to the needs of the receiving agency will not be copied. Eagle Health & Wellness is willing to exclude from the copy records of visits for conditions which are episodic in nature and do not have any bearing on the long-term health condition of the patient/client.

Upon written request patients may have access to their own medical records. Review of the actual record will be under the supervision of authorized clinic staff, to avoid the possibility of any document alteration. Photocopies of medical records may be given directly to a requesting patient.

Original medical records are never to leave the clinic.

Written, dated and signed authorization by the patient/client is required for release of medical information.

If medical data is requested by subpoena or for other case preparation, legal counsel at Eagle Health & Wellness will review forms to assure appropriate release.

Authorizations are NOT REQUIRED for release of information to:

1. Another health care facility via telephone (after verification) when the information is needed for DIRECT EMERGENCY CARE of the patient/client.
2. Another medical provider that is at that moment treating the patient. (After verification, a valid authorization is to be sent as soon as possible).
3. State and local health departments and agencies listed below. (If possible, the patient/client will be informed in advance that certain diseases may be reportable):
 1. Communicable Disease Control
 2. State Department of Labor
 3. Medical Examiner
 4. Third party payers that have clauses in their contracts allowing for release of information. A signed consent form the insurance company will be requested.

All efforts will be made to protect patient/client confidentiality, EXCEPT in cases where the patient/client poses an imminent threat of harm to him/herself or others.

I understand and agree to the following:

- . The privacy practices have been satisfactorily explained to me and I have received a copy or have had the opportunity to read the above Privacy Policy.
- . I understand the purpose of today's visit.
- . The doctor(s) providers may use my confidential health information in the manner previously described.

Patient or Guardian Signature: _____

Date _____