

Patient Acknowledgement of Receipt of Notice of Privacy Practices and Consent for External Prescription History



Patient Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that PrairieStar Health Center has provided me with a copy of its Notice of Privacy Practice, which describes how medical information about me may be used and disclosed, and how I can access this information. I have been given the right to review and secure a copy of the Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my protected health information and my rights under HIPAA. I understand that PrairieStar reserves the right to change the terms of this notice periodically, and that I may contact PrairieStar at any time to obtain the most current copy of this notice.

External Prescription History

PrairieStar Health Center uses an Electronic Medical Record system that allows electronic prescribing of medications. Medications are sent to your pharmacy through a secure electronic prescription connection which improves the timely and accurate transmission of your medication information.

I agree that PrairieStar Health Center may request and use my prescription medication history from other healthcare providers or third party pharmacy benefit payers for treatment purposes.

Please initial the box if you DO NOT authorize PSHC to request prescription medication history.

PATIENT PRINTED NAME	DATE OF BIRTH
SIGNATURE OF PATIENT OR GUARDIAN	TODAY'S DATE
RELATIONSHIP TO PATIENT	

Your Rights Regarding Electronic Health Information Technology

PrairieStar Health Center 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 you information through an HIO (except as require 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.