**CENTERVILLE MEDICAL CENTER**
DBA CHUKWUMA OSUAGWU MD PA
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Office (972) 807-6016 Fax (972) 807-6035

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is being provided to you in accordance with the requirements of the Standards for Privacy of Individually Identifiable Health Information of the Health Insurance Portability and Accountability Act (HIPAA) and by the amendments to the HIPAA Privacy Rules made by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act).

I acknowledge that I have been provided with CENTERVILLE MEDICAL CENTER Notice of Privacy Practices that provides a more complete description of information uses and disclosures. I understand that I have the right to review the Notice of Privacy Practices prior to signing this consent. I understand that CENTERVILLE MEDICAL CENTER reserves the right to change its Notice of Privacy Practices and, prior to implementation, will mail a copy of any revised notice to the address I have provided.

By signing this form, I consent to CENTERVILLE MEDICAL CENTER use and disclosure of my health information for treatment, payment, and health care operations.

### PATIENT INFORMED CONSENT FOR ELECTRONIC MEDICAL SERVICES

CENTERVILLE MEDICAL CENTER has implemented an electronic health record in part to meet the U. S. Department of Health and Human Services initiative to improve health information technology, toward the goal of improving quality of health care. Our electronic health record integrates your clinical record with appointments, registration, and billing and makes this information available to the clinicians who are involved in your health care.

In connection with its electronic communication systems, CENTERVILLE MEDICAL CENTER has also implemented and has in place privacy and security policies and procedures to minimize risk of inadvertent or unauthorized disclosure, corruption and/or loss or distortion of data, but as with all record keeping systems, whether paper or digital, some risks of loss remain, inadvertent disclosure or errors in the recorded data.

I have read and understand the information provided regarding Electronic Medical Services, have discussed it with my physician, his/her assistants, or his/her designee, and all of my questions have been answered to my satisfaction.

I hereby give my informed consent for the use of Electronic Medical Services in the course of my diagnosis and treatment and consent to the electronic communication of my personal health care information to other entities for treatment, payment or health care operations, including electronic transfer of medical data to other medical practitioners participating in my medical care.

### INFORMED CONSENT FOR PRESCRIPTIONS

CENTERVILLE MEDICAL CENTER continues its position as the network exchange for the flow of vital patient information to physicians and other health care providers. It is essential to improve patient safety and the continuity of care with electronic connectivity between payers, physicians and pharmacists. CENTERVILLE MEDICAL CENTER electronic health record (EHR) provides secure access for patients with commercial prescription coverage in the United States.

Prescription eligibility, benefit, formulary and medication history information is provided for consenting patients to authorized physicians at the point of care. Electronic prescriptions are delivered in real-time to pharmacists in the retail and mail order settings.

I consent to electronic prescriptions and acknowledge that [LETTERS] will use electronic connectivity between payers, physicians and pharmacists.

| Signature of Patient/Legally Authorized Representative | Relationship | Date |
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