



PATIENT CONSENT TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

This Consent Form is designed to make sure you are aware of the way in which the District may use or disclose your Protected Health Information (PHI) to others for treatment, payment, and/or health care operations. By signing this consent form you have consented to allow the District to use or disclose your PHI as more fully described in Clark County Fire District 12 HIPAA SOG No. 0100.145.002, "Notice of Privacy Practices" (referred to as "Privacy Notice"), a copy of which you should have received from us. Please review this Privacy Notice carefully.

Your Health Information Is Confidential and Protected by Us.

Most health information we have about you, the health care services we provide, and information we use to obtain payment for our services is considered confidential and is protected by the District in accordance with the law. Clark County Fire & Rescue will not consider any use or disclosure of PHI not specifically mentioned in our Privacy Notice as an authorized use or disclosure, unless the District has already obtained the required written consent from you.

We May Use and Disclose Your Health Information With Specific Safeguards in Place.

The law permits the District to use and disclose PHI about you for treatment, payment, and/or health care operations and in other situations that you specifically authorize in writing. The Privacy Notice provides you with important information on the type of uses and disclosures of your health information that the District obtains or uses.

You have a right to request a copy of the Privacy Notice for review before signing this consent form. The Privacy Notice and privacy policies are subject to change and are effective as of the revised date indicated on the Privacy Notice. These documents are also available through the District's web site at www.clarkfr.org. If you do not have access to the web, you may request a copy of the Privacy Notice by contacting:

Privacy Officer- Dennis Mason
Clark County Fire & Rescue
911 N 65th Avenue
Ridgefield, WA 98642
360/ 887.4609 360/ 887.0862 fax

Your Right to Request Restrictions on Our Use of PHI

You also have the right to request restrictions on the uses or disclosures of your PHI by the District at any time. The District is not required to agree to any restrictions you request; however, any restrictions agreed to by the District are binding. You also have the right to revoke your consent, in writing, at any time, except to the extent that the District has already relied on your consent.

By signing this Consent Form, I acknowledge that I have received a copy of HIPAA SOG No. 526.10.02H Notice of Privacy Practices. I understand my privacy rights concerning protected health information (PHI) about me and I agree to consent fully to the uses and disclosures of PHI by the District as outlined above and as more fully described in HIPAA SOG No. 526.10.02H Notice of Privacy Practices.

Patient Signature

Date