

## Weber Family Chiropractic PC

### Consent

Policy No.: 2

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Approvals: Dr. Scott Weber

Title: Office Manager

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#### **I. POLICY**

It is the policy of Weber Family Chiropractic PC to protect the confidentiality of a patient's health information and to obtain the consent of the patient before using or disclosing the patient's health information for the purposes of treatment, payment or health care operations. The consent that is obtained by Weber Family Chiropractic PC will apply to the use and disclosure of a patient's health information by any of the business associates of Weber Family Chiropractic PC, as well as to any practitioner with whom a member of Weber Family Chiropractic PC may consult. Obtaining a patient's consent may be delayed in an emergency. This Policy supersedes any previous policy on the same subject.

#### **II. PURPOSE**

The purpose of this Policy is to outline how and when consent will be obtained by Weber Family Chiropractic PC for the use and disclosure of patient health information, what types of uses and disclosures consent allows, and the circumstances in which consent is not necessary to use and disclosure.

#### **III. SCOPE**

This Policy covers consent issues, as described in Section II above. Consent is obtained for use and disclosure of health information for purposes of treatment, payment and health care operations. This Policy does not cover authorization issues. Authorization is obtained when Weber Family Chiropractic PC receives a request for use or disclosure of health information from third parties (unless the request falls into an exception in Section IV.F below) or when Weber Family Chiropractic PC desires to use patient health information for purposes beyond treatment, payment and health care operations, such as marketing. See Policy No. 16 for more information regarding authorization.

#### **IV. PROCEDURES**

## **A. Preparing the Consent Form**

1. Dr. Scott Weber will prepare a consent provision to be included in the intake forms that contains the following elements and is visually separate from all other parts of the intake forms:
  - a. inform the patient that the patient's health information may be used or disclosed to carry out treatment, payment and health care operations;
  - b. refer the patient to the Notice of Health Information Practices (the "Notice");
  - c. state that the patient has the right to review the Notice before signing the consent;
  - d. state that the terms of the Notice may change and explain how the patient may obtain a copy of any revised Notice;
  - e. state that the patient has the right to request that Weber Family Chiropractic PC restrict how health information is used or disclosed to carry out treatment, payment and health care operations; Weber Family Chiropractic PC does not have to agree to the restriction but if Weber Family Chiropractic PC does agree, it will be bound by the agreement;
  - f. state that the patient has the right to revoke the consent in writing, except to the extent that Weber Family Chiropractic PC has already relied upon it; and
  - g. provide for a patient signature separate from any other signature on the intake forms.
2. Dr. Scott Weber will ensure that the consent provision is included in all intake forms for use on or after October 1, 2013.

## **B. Obtaining Consent to Use and Disclosure**

1. The receptionist will provide an intake form with the consent requirements described in A.1 above to:
  - a. all new patients at the time of check-in; and
  - b. all existing patients on their first visit to Weber Family Chiropractic PC on or after October 1, 2013.

The receptionist will ensure that the patient receives a Notice of Health Information Practices at the same time as the intake form containing the consent provision.

2. If the patient has any questions regarding the consent provision, the receptionist should be prepared to answer basic questions. If the question involves an area with which the receptionist is not familiar, the receptionist will obtain the assistance of Dr. Scott Weber. All questions will be answered and the consent provision will be signed before the patient is seen by clinical personnel.
3. When the patient returns the intake forms to the receptionist, the receptionist will confirm that the signature block specifically identified for the consent provision is signed by the patient. If the patient refuses to sign the consent provision, the Receptionist will obtain the assistance of Dr. Scott Weber.

4. If the patient cannot read, the receptionist will make arrangements for a member of the staff to read the consent provision to the patient, unless the patient is accompanied by a family member or friend who can read the consent provision to the patient. If the patient does not speak English and it is not possible to communicate with the patient, Dr. Scott Weber or the practitioner treating the patient will determine if the patient's consent can be inferred from the circumstances.
5. If the patient is a minor or incompetent, the receptionist will give the intake forms and consent provision to the parent or authorized representative of the patient.
6. The receptionist will place the completed consent (and other intake forms) in the patient's medical record. A consent signed at one visit is sufficient to cover all subsequent visits of the patient.

### **C. Revocation of Consent**

1. A consent can be revoked at any time by the patient, except to the extent that Weber Family Chiropractic PC has taken action in reliance on it. The patient must revoke the consent in writing.
2. Weber Family Chiropractic PC is not required to provide care and treatment to a patient who has revoked consent to use and disclosure of health information for treatment, payment and health care operations.
3. Dr. Scott Weber will inform the patient wishing to revoke a consent of all of the consequences of revoking the consent. Dr. Scott Weber will explore the alternative of a restriction on the use and disclosure of the patient's health information. See Policy No. 6.

### **D. What Consent Covers**

1. Consent covers any use or disclosure made by Weber Family Chiropractic PC for purposes of treatment, payment or health care operations.
  - a. **Treatment** means the provision, coordination or management of health care and related services by one or more of the practitioners in Weber Family Chiropractic PC, including the coordination of care with a third party (e.g., a health plan, a DME supplier, a pharmacy); consultation between Weber Family Chiropractic PC and another health care provider relating to the patient; or referral of the patient from Weber Family Chiropractic PC to another provider or vice versa.
  - b. **Payment** means activities that relate to a patient to whom health care has been provided and include determining eligibility or coverage (including COB); billing, claims management, reinsurance claims and health care data processing; utilization review or claims audits; and disclosure of patient name, address, SSN, payment history, account number or name/address of Weber Family Chiropractic PC to consumer reporting agencies regarding reimbursement.
  - c. **Health care operations** means activities such as quality assessment, protocol

development, case management and care coordination, contacting patients regarding treatment alternatives, credentialing, professional review, training, licensing, conducting or arranging for actuarial, legal or accounting services, business planning and general administration, resolution of grievances, due diligence in preparation for a sale of assets and certain targeted marketing.

2. The consent that Weber Family Chiropractic PC obtains covers all of the above-described activities that Weber Family Chiropractic PC outsources to its business associates. Business associates have the same right to use and disclose health information as Weber Family Chiropractic PC has under the consent.

3. The consent that Weber Family Chiropractic PC obtains covers the services provided by indirect providers who do not see the patient but perform services pursuant to the order of a practitioner, such as a laboratory, a radiologist, a pathologist and others.

4. The practitioners of Weber Family Chiropractic PC do not need to obtain consent of a patient prior to providing consultation over the phone with another health care provider. If the patient is referred to Weber Family Chiropractic PC, Weber Family Chiropractic PC will obtain consent on the patient's first visit.

#### **E. Obtaining Consent in an Emergency**

1. If a patient presents with an emergency and it is not possible to obtain the patient's consent to use and disclosure of health information, Weber Family Chiropractic PC may provide emergency care without the consent. The receptionist will make a note on the intake forms that an attempt was made to obtain consent and the reason why the consent could not be obtained.

2. The receptionist will obtain the patient's signature on the consent provision as soon as reasonably practicable after the emergency care is given.

#### **F. Exceptions to the Need for Consent**

1. Consent of the patient is not required for any use or disclosure of health information required by law.

2. Consent of the patient is not required for use by or disclosure of health information to a public health authority that is authorized by law to collect information for the purpose of preventing or controlling disease, injury, or disability, conducting public health investigations, interventions, or surveillance, or recording vital events (such as birth and death records).

3. Consent of the patient is not required for disclosure of health information to county departments of social services and law enforcement authorities for the purposes of making required reports of child abuse or neglect.

4. Consent of the patient is not required to report adverse events to the Food and Drug Administration regarding food or dietary supplements, product defects or problems, or biological

product deviations.

5. Consent of the patient is not required to report to public health authorities that the patient may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

6. Consent of the patient is not required to make a report to a patient's employer if Weber Family Chiropractic PC is providing health care to the patient at the request of the employer concerning a work-related illness or injury. At the time of treatment, Weber Family Chiropractic PC must provide written notice to the patient that the patient's health information related to the work-related illness or injury will be supplied to the employer.

7. Consent of the patient is not required to disclose health information to law enforcement agencies if Weber Family Chiropractic PC reasonably believes the patient to be a victim of domestic abuse. Weber Family Chiropractic PC will release only the health information related to the incident of abuse and will not release any statements made by the patient in the course of treatment. Weber Family Chiropractic PC will inform the patient that the information is being released unless Weber Family Chiropractic PC believes that informing the patient will place the patient in danger.

8. Consent of the patient is not required to disclose health information to health oversight agencies for audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or other activities necessary for oversight of the health care system, government benefit programs, and government regulatory programs.

9. Consent of the patient is not required to disclose health information in response to a court order. Weber Family Chiropractic PC will not disclose health information without consent on the basis of a subpoena from an attorney or clerk of a court. Weber Family Chiropractic PC will disclose health information on the basis of a subpoena from a governmental agency.

10. Consent of the patient is not required to report certain types of wounds or physical injuries that Weber Family Chiropractic PC is required by law to report.

11. Consent of the patient is not required to provide the following limited health information to law enforcement agencies for the purpose of identifying and/or locating a patient who may be a suspect, fugitive, material witness, or missing person:

- a. name and address;
- b. date and place of birth;
- c. social security number;
- d. ABO blood type and Rh factor;
- e. type of injury;

- f. date and time of treatment;
- g. date and time of death, if applicable;
- h. description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars, or tattoos.

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*Note:* DNA data analysis, dental records, or typing, samples, or analyses of tissues or bodily fluids other than blood (i.e. saliva) cannot be disclosed for the purpose of identifying or locating a patient.

12. Consent of the patient is not required to disclose health information, including psychotherapy notes, to a coroner and/or medical examiner if the circumstances of a death meet the statutory requirements for an investigation by the coroner or medical examiner.

13. Consent of the patient is not required to disclose health information for research under limited circumstances. Consult legal counsel.

14. Consent of the patient is not required to disclose information to workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault.

#### **G. Retention of Consents**

1. Dr. Scott Weber will ensure that all signed consents are maintained in patient records unless and until a new consent provision is signed by any patient.

2. Dr. Scott Weber will ensure that all versions of the consent provision are maintained for six (6) years after the date that the edition of the consent provision was last used by Weber Family Chiropractic PC . For more detail, see Policy No. 13 (Retention of Records).