

**Protected Health Information (PHI) Agreement & HIPAA Acknowledgement**

Please read and sign below

New Kingdom Healthcare will examine, test, diagnose, treat, or refer their patients to provide quality healthcare. Patients’ “protected health information” (PHI) is used to decide on what services to provide and how best to direct your treatment options. This information may be used to arrange payment for your treatment with insurance agencies or other financial organizations, for government functions, or to help provide other treatment or services outside of this facility. We maintain, protect, and exchange your PHI in accordance with state and federal standards, including Health Insurance Portability and Accountability Act (HIPAA) which is specific to the security of electronic PHI.

Other than the billing/insurance process or the specific referral process when requested/agreed by patient, information will not be shared outside of the clinic without additional patient permission.

You have the right to review New Kingdom Healthcare’s privacy notice. You have the right to revoke the **Protected Health Information Agreement & HIPAA Acknowledgement** form in writing to New Kingdom Healthcare.

**Consent to Use and Disclose Your Health Information**

By signing below, you certify that you are familiar with the Health Insurance Portability and Accountability Act (HIPAA) and consent to the use of your PHI as described above.

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PATIENT/PARENT SIGNATURE Date

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Patient Name Patient Date of Birth