

CARIDAD CENTER

HEALTH • EDUCATION • OUTREACH

HIPAA Consent Form

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy from Caridad Center.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment and health care operations. You also consent, to authorize any pharmaceutical company to disclose your information for auditing purposes. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Signature of Patient/Parent/Guardian _____ Date _____

Non-Discrimination Policy

The Caridad Health Clinic does not discriminate against any individual regarding his or her religion, education, legal status, country of origin, or sexual orientation. If you feel your rights to care have been violated due to any of these reasons, you are free to enter a grievance against the person who you feel has discriminated against you.

Patient Grievance Policy & Procedures

It is the policy of Caridad Center to take patient/client problems seriously and to address them immediately and fairly. In all cases, Caridad Center's Health Clinic staff and volunteers will assist the patient/client in a respectful and courteous manner.

Patient/Client complaints are expressions of dissatisfaction with services received and may be obvious or perceived. Complaints may be made in person, in writing, or by telephone first to the staff person responsible. If not resolved to your satisfaction, direct your concerns in the following order until it is resolved: (1) to the staff person's supervisor; (2) to the Clinic Director; (3) to the Executive Director; (4) to the President of the Board who will be the final arbiter should the issue be taken to that level.

By signing this form, you acknowledge that you have read and understand Caridad Health Clinic's Non-Discrimination Policy and Patient Grievance Policy & Procedures.

Signature of Patient/Parent/Guardian _____ Date _____