Dear Patient,

We want to welcome you to our clinic. You have been scheduled to see Dr. Haber, should you need to confirm or change your appointment please call us directly at 541-800-8970.

Dr. Haber would like you to complete and return these forms to our office one week prior to scheduled appointment. If the registration packet is not completed and returned one week prior to your scheduled appointment you will need to be rescheduled for a later date.

We require that you bring your insurance card(s) and present to our office at time of check in to avoid any errors in billing your insurance appropriately.

Our office is located at 1140 Willagillespie Rd., Ste 42---Eugene, OR 9701. We are located on the upper parking lot as you first drive in.

If you are a legal guardian of the patient being seen please present with a copy of the power of attorney and or court documents proving your legal guardianship.

Our clinic is not set up to have children under the age of 16 left alone in our office waiting room during patient appointment. Per our office policy we do not allow children to be in the exam room unless they are the patient.

Dr. Haber does not prescribe or refill any medication at the first visit.

Dr. Haber asked that you bring all prescribed medications to your first appointment with him. He would also like you to bring any xray or radiology reports and most recent lab tests.

We look forward to seeing you, should you have any questions prior to your appointment please contact our office at 541-800-8970.

Sincerely,

Dr. Haber

## Non-Surgical Pain Specialists Practice Philosophy

Joshua Haber, MD, recently returned to Eugene after providing clinical care at the Pain Management Clinic for Indian Health Services (IHS) in Northern California. Prior to IHS, Dr. Haber spent 12 years practicing in Eugene providing specialty care in Interventional Pain Medicine, Sports Medicine, and Non-Surgical Orthopedics. Dr. Haber is excited to announce the opening of his new innovative clinic, Non-Surgical Pain Specialists (NSPS), an initiative rooted in his 20 years of clinical experience treating patients suffering from activity-limiting chronic pain.

Dr. Haber received his Medical Degree from Case Western Reserve University, and residency training in Family Medicine through OHSU. He completed fellowship training programs in Primary Care Sports Medicine as well as in Interventional Pain Medicine. Dr. Haber is a diplomat of the American Board of Pain Medicine and the American Board of Family Medicine.

Central to the clinic is the goal of optimizing patients' quality of life with improved activity tolerance and reduced overreliance on high-risk opioid and anti-inflammatory (NSAID) medications. Benefits of improved chronic pain management include a reduction in the number of emergency room visits, a decrease in alcohol and tobacco dependency, and decrease in the challenges associated with long-term pain medication use.

The clinical management of chronic pain is particularly challenging because too often patients suffer from recurrent pain exacerbations that progressively reduce activity tolerance with a cascading cycle of physical deconditioning, increased pain, social isolation, and emotional challenges. An increased vulnerability can develop as a result of a patient's amplified perceived need for step-wise increases in pain medications (NSAIDs and/or opioids), with their inherent associated risks of kidney failure, stomach ulcers, opioid dependence and addiction.

The fields of Sports Medicine and Interventional Pain Medicine provide complementary approaches to many chronic pain conditions of the spine and extremities. Sports Medicine emphasizes treatments and biomechanical rehabilitation techniques to treat regional mechanical dysfunction manifested by poor movement patterns and posture. Left unchecked, abnormal body mechanics often induce an amplified state of pain. Interventional pain medicine uses targeted injections to provide important complementary options to identify and treat pain generators, and to facilitate the rehabilitation process.

Dr. Haber specializes in innovative pain management approaches that are based on his extensive clinical training and experience that have enabled him to deploy an interdisciplinary team approach to overcome rehabilitation roadblocks. Working together, community physicians, specialists, and therapists collaborate to benefit the patient's health. Dr. Haber enjoys coordinating this interdisciplinary clinical team approach for chronic pain patients.

Dr. Haber is now accepting new patients for consultations and care in his practice which is limited to pain management, sports medicine, and nonsurgical orthopedics.

***READ, REVIEW, & SIGN BELOW -- IF YOU ARE CONSIDERING OPIOIDS***

## OPIOID MEDICATION POLICIES Partial List

- Medications are NOT prescribed on the first visit.
- Oxycodone and oxycodone containing medications (Percocet, oxycontin) are not prescribed at this clinic.
- When chronic opioids are prescribed, no alcohol consumption is allowed.
- Chronic prescribing of most opioid medications will require repeat clinic appointments every 3 to 4 weeks.
- Opioid medication will not be prescribed if benzodiazepine medications are prescribed.
- Opioids have many risks including, but not limited to, dependence, tolerance, addiction, and accidents.
- Patients cannot take more pain medication than prescribed or take medications that are not prescribed to them.
- For chronic pain medication, only one clinician and one pharmacy are involved.
- An office visit is required for medication changes and for providing a prescription.
- Periodic urine drug screens are performed with opioid prescribing and pill counts at each appointment.
- Periodic lab tests to monitor liver and kidney functions will be performed.
- The patient is fully responsible to determine if they are at increased risk to self or others, per a certain activity.
- A replacement prescription will NOT be provided for lost, stolen or out early pain meds.
- Opioid medications are not to be taken to help benefit a patient's mood only for pain reduction.
- Pain medication must be kept in a locked container or location.
- Opioid medications' purpose is to support patient exercise and conditioning, and to benefit activities of daily living ADL's (self-hygiene, transfers, dressing, toilet, etc.)
- The goal is to take the least amount of opioid medication to help improve function while not taking any more than what is prescribed.
- When opioids are prescribed, they will be just one part of an interdisciplinary and multimodal treatment regimen for chronic pain management.
- After a surgery, procedure, or accident, for new onset pain, it is ok if attending clinician (emergency room, dentist, surgeon) provides a short-term pain medication prescription, only after patient conveys pain medication being prescribed by NSPS.
- Opioid medication rotation from multi-year use of old opioid to a new opioid type, is often considered every two-three years to allow the body to reset and improve effectiveness.

Patient Signature: _____ Date: _____

Opioid medications are just one of many clinical tools available for chronic pain management. Our clinical philosophy emphasizes that opioid medication should only represent a small fraction of the therapeutic toolset to help patients improve function and quality-of-life measures.

To those patients who desire to have opioid medications included as part of their chronic pain management regimen, I urge them to review the following document and guidelines.

The intent of this document is to inform patients of the pain management philosophy of our practice before they invest time and resources to attend an appointment at this clinic. A clear understanding of our clinical policies and approaches regarding opioid prescribing is important to provide a good doctor-patient relationship to achieve better outcomes in pain management.

Central to the philosophy of this clinic is the goal of optimizing patients' quality of life with improved activity tolerance and reduced overreliance on high-risk opioid and anti-inflammatory (NSAID) medications.

At Non-Surgical Pain Specialist (NSPS), we believe the doctor-patient relationship thrives on mutual agreement and shared understanding of expectations. It is only when both parties work as a team that we can effectively improve the patient's pain, function, and quality of life.

Dr. Haber's approach is to treat patients the way he would want his family members to be treated. Therefore, if a patient requests him to prescribe a medication regimen that he would not want for his own family member, he will not prescribe it for that patient.

When considering treatments and diagnostic options, Dr. Haber will only offer those options that he is comfortable providing to his patients. If a treatment option is desired by the patient but not offered at NSPS, patient referral to another clinic would be undertaken.

Extensive research has not shown that long-term use of opioids had resulted in a significant improvement in patient quality of life or function. While opioid medications may help reduce pain severity by 10-30% for hours or weeks, but often with long-term use, opioids can induce increased pain, dependence, and tolerance.

Opioids are high-risk medications and require close scrutiny to ensure safety and compliance with governmental prescribing guidelines. For the patients attending our clinic, inclusion of an opioid medication as part of a medication regimen may or may not be considered for a particular patient or situation.

For each new patient at their initial appointment, a full clinical evaluation will be performed by Dr. Haber prior to developing a diagnostic and treatment plan.

Under no circumstance will Dr. Haber simply renew a medication regimen based on another clinic's prior management of this patient.

Furthermore, medications will not be prescribed at the first clinic visit at NSPS.

There are multiple government clinical treatment guidelines for pain management. They address the minimum steps mandated prior to providing opioid treatments and continue subsequently. The intent of guidelines is to achieve safer prescribing to benefit both the patient and the community.

While a guideline may set an upper limit for a treatment parameter, every clinician reserves the right to provide treatment approaches they are comfortable with based on their own clinical and educational experience. Therefore, actual prescribing may be less than guideline set limits.

# OPIOID GUIDELINES

Important state and federal guidelines include: 2016 CDC guideline for Prescribing Opioids for Chronic Pain, Oregon Opioid Prescribing Guidelines, OHSU Adult Safe Opioid Prescribing Guideline for Chronic and Non-end-of-life pain. I will summarize a few key points from these guidelines:

1. Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and non-opioid pharmacologic therapy, as appropriate.
2. Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient and community safety.
3. When opioids are started, clinicians should prescribe the lowest effective dose considered. Clinicians should use caution when prescribing opioids at any dosage.
4. The effectiveness of the treatment, particularly as it relates to the patient's functional status, should be regularly assessed, and documented. If benefits do not outweigh the risk and harms of the continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to the lower dosages or taper off and discontinue the opioids.
5. Urine drug testing is a tool used to assist providers in assessing whether patients are using opioids as prescribed, using other substances or potentially diverting opioids.
6. The amount of prescribed opioid should be limited. When treating chronic pain, there is rarely a reason to exceed 50 morphine equivalent dose (MED) of opioid, and almost never a reason to exceed 90 MED.

Multiple other opioid related policies exist that may be discussed at clinic appointments if needed.

# Cancellation/No Show Policy

Please be aware that MJ Haber, MD, LLC has a Cancellation/No Show Policy. MJ Haber, MD, LLC values our patients and strives to provide exceptional care to all those seeking services.

Please understand that MJ Haber, MD, LLC does not overbook the schedule to cover for patients cancelling at the last minute or not showing up. We reserve your appointment time for you specifically, making every effort to schedule a time that will be convenient for you.

If you cancel on short notice, do not show up, or show up very late that is a lost opportunity for another patient and lost revenue for the practice. We understand unanticipated events happen occasionally in everyone's life, but in our desire to be consistent and fair to all patients and maintain a viable practice, the following policies are honored.

48-hour advance notice is required when canceling or changing an appointment. This allows us the opportunity to offer the appointment to someone who is waiting. If you are unable to give us 48-hours advance notice to cancel or change an appointment or you no show for an appointment the following will apply:

1st time - No Charge with warning

2nd time - $125.00 will be charged with a final warning. This fee must be paid prior to the next appointment.

3rd time - $125.00 and immediate discharge from our office.

Insurance will not be billed for missed sessions.

Patient Signature: _____

Date: _____

# PATIENT REGISTRATION FORM

MJ HABER, MD, LLC
1140 Willagillespie Rd Suite 42  Eugene, OR 97401
Office: 541-800-8970

Clients Name: _____

Street Address: _____

City, State and Zip Code _____
***(If your mailing address is a P O Box-Please list street address along with the P O Box)***

Clients Phone #: Home _____ Cell _____ Work _____
_____
Marital Status/Partner Information: _____

Clients DOB: _____ O.D.L. #: _____

**Nearest Friend or Relative not living with you in case of an emergency:**

Name: _____

Address: _____

Home Phone #: _____ Cell #: _____ Work #: _____

**RESPONSIBLE PARTY: (If different from above)**

Name: _____
Address _____
Phone: Home _____ Cell _____ Work _____

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***INSURED INFORMATION: PRIMARY***

Name: _____
Relationship to patient: Self _____ Spouse _____ Child_____ Other_____

**Subscribers DOB**: _____
ID #: _____ Group #: _____

**Employer and Occupation:** _____

Insurance Company: _____ Phone: _____

Send Claims to Address: _____
_____

***INSURED INFORMATION: SECONDARY***

Name: _____
Relationship to patient: Self _____ Spouse _____ Child_____ Other_____

Subscribers DOB: _____
ID #: _____ Group #: _____

**Employer and Occupation:** _____

Insurance Company: _____ Phone: _____

Send Claims to Address: _____

_____

**ADDITIONAL INFORMATION:**

By whom were you referred to this office? _____

Please list other health care providers that might be relevant to your treatment.
(This office will not contact these individuals unless you sign a release of information).

_____, _____, _____,

_____, _____, _____,

Please list any medication you are currently taking:

_____, _____, _____,

_____, _____, _____,

_____

_____

_____

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## Financial Agreement:

I hereby give authorization for payment of insurance benefits to be made directly to **MJ Haber, MD, LLC**. I authorize this healthcare provider to release any information necessary to ensure payment by my insurance company. I understand I am financially responsible for all charges not covered by insurance, including patient co-pay, deductible, or non-covered services. Charges for paperwork are not covered by insurance and you will be charged a $25 fee. I understand that my account may be turned over to collections for failure to make full payment within 90 days upon receiving my statement.

If this account is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to a reasonable attorney's fees and cost of collections.

I hereby assign all medical benefits to which I am entitled, including private insurance and all other health plans to **MJ Haber, MD, LLC.**

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

_____ _____

Signature of Patient or Legal Guardian Date

**Acknowledgment of Notice of Privacy Practices:**
The notice of Privacy Practices was posted in a clear and prominent location where I was able to read the Notice of Privacy Practices. A copy is available to you upon request.

_____ _____

Signature of Patient or Legal Guardian Date

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# PAYMENT AUTHORIZATION FORM

I authorize MJHaber, MD, LLC to regularly charge by Visa and Mastercard for services rendered under this contract.

I authorize MJHaber, MD, LLC to charge my card for missed appointment fees, late cancellation fees, and balance of fees defined by my insurance company, and not paid by my insurance company within 30 days of date of services provided, and insufficient check amounts plus insufficient check fees of $50.00 per bad check

If you have questions about these charges, I agree to contact MJHaber, MD, LLC. I agree that I will not pursue a refund directly with my credit card company, bank institution, or other financial institution for charges listed above and services rendered. If any of my actions yield a chargeback for any reason, I agree to pay any fees to my lenders as a result. I understand that if I do not pay balances withing 30 days, I will be sent to collections.

Account Type (VISA, Mastercard): _____

Name on Card: _____

Account Number: _____

Expiration Date: _____

CVV (3-digit on back): _____

Card Billing Address: _____

By submitting this form, I authorize MJHaber, MD, LLC to charge my credit card as indicated in this authorization from according to the terms and conditions outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify MJHaber, MD, LLC of any changes to my account information or termination of this authorization at least 15 days prior to the next appointment. I certify that I am the authorized user of this credit card, and I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the conditions outlined in this authorization from.

# Patient Financial Policy

It is necessary to inform patients of the financial responsibility incurred when medical services are provided and the payment options available to them. Payment is expected on the date of service. Patient Registration Form with the Medical Authorization and Assignment Release statement is required for each new patient.

It is the Policy of this medical clinic to request payment-in-full for all deductibles, co-pays, co-insurance, and non-covered charges at the time medical services are rendered.

It is the responsibility of the Receptionist to obtain the patient's signature on the Patient Financial Policy, and Patient Registration Form with the Medical Authorization and Assignment Release statement. The Patient Registration Form with the Medical Authorization and Assignment Release statement will become a permanent part of the patient's medical record.

Patients will be informed that:

1. Patient's will be required to pay in full all deductibles, co-pays, co-insurance, and non-covered charges at the time of check-in before medical services are rendered.
2. We will bill your primary and secondary insurance. Patients are requested to please bring current insurance card for verification purposes. This will ensure an expedient disposition of the account balance.
3. The medical clinic accepts Medicare and Medicaid assignment along with the following insurance contracts:
    - Cigna
    - First Choice Health
    - HealthNet Commercial and Medicare Advantage
    - PacificSource Commercial, Medicare Advantage, and Medicaid CCO
    - Providence Commercial and Medicare Advantage
    - Regence Commercial and Medicare Advantage
    - Trillium Medicare Advantage and Medicaid CCO
    - United Healthcare Commercial and Medicare Advantage
4. Methods of Payment: For your convenience, we accept Mastercard, Visa, Personal Checks, Cashier's Checks, Money Orders and Cash.
5. If you pay by personal check and the check is returned marked "Insufficient Funds", a Returned Check Charge of $50.00 will be applied to your account.
6. The Patient Registration Form with the Medical Authorization and Assignment Release statement is required from each patient. The form will contain the name and title of the doctor providing services, authorization to disclose the patient's medical record to receive payment, and have payment sent directly to the medical clinic.

Patient Signature: _____ Date: _____

# Your Information. Your Rights. Our Responsibilities.

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.**

## Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

## Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again. **This office will never do any fundraising.**

## Our Uses and Disclosures

**How do we typically use or share your health information?**
We typically use or share your health information in the following ways.

### Treat you

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

### Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**

### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Do research

We can use or share your information for health research.

### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

### Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## Other Instructions for Notice

- Effective Date of this Notice – March 20, 2023
- MJ Haber, MD
  541.800.8970
  jhaber@nspainspecialist.com
- We never market or sell personal information.
- We will never share any substance abuse or mental health treatment records without your express written permission.

**Patient Signature:** _____

**Date:** _____

# AUTHORIZATION TO USE AND DISCLOSE HEALTH INFORMATION

I authorize: _____

(Name and address of facility/health care provider you wish to release information)

To release information requested for (DOB is REQUIRED to identify record):

Name: _____ D.O.B. _____

(Name of person making request) (Date of Birth)

**To:** _____ For the purpose of _____

_____ _____

By INITIALING the spaces below, I specifically authorize the release of the following records, if such records exist: ____All hospital records (including nursing records and progress notes)

____Transcribed hospital reports Pathology reports Other (Explain Below)

____Medical records needed for continuity of care Diagnostic imaging reports _____

____Most recent five-year history Clinician Office Chart notes _____

____Laboratory reports Dental records

____Emergency and Urgency care records

____Please send the entire medical records (All information) to the above named recipient.

I authorize the information listed below to be used, disclosed, or received by placing my INITIALS next to the information:

_____*HIV/AIDS — related records (Copies will not be released to inmates while incarcerated)

_____*Genetic testing information

_____* Mental Health-list specific info requested_____

_____** Alcohol and Drug information

* *PROHIBITED RE-DISCLOSURE: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains or as otherwise permitted b 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

* Must he initialed to be included in other documents. Records will not be released without your initials specifying that you have granted this specific release authority.

This authorization is limited to the following time period:_____

This authorization is limited to a worker's compensation claim injuries of:_____

My signature indicates that I authorize the disclosure of the above information and understand the following:

I understand that I may choose not to sign this authorization and that my choice not to sign will not be a basis to affect my ability to obtain treatment or my eligibility for health care benefits.

I understand I can cancel permission to use and disclose my information at any time in writing. The only exception is when action has been taken in reliance on the authorization. Unless revoked earlier, this consent will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

I understand this change will not affect information that has already been shared.

I understand that federal and state law protects my health information. However, my information could be shared with agencies or businesses that may not be covered by this law. They could then share my information with others. I understand that they cannot share information regarding HIV/AIDS, mental health treatment, alcohol and drug treatment or genetic testing unless I give them permission by initialing this permission above or as otherwise permitted by law.

_____ _____

(Signature of Patient) (Date)

_____ _____

(Signature of legal/personal representative authorized by law) (Date)

CD728CH (3/1 1)