

BHAGAT PURAN SINGH HEALTH INITIATIVE COMMUNITY HEALTH EDUCATION CLINIC

HIPAA Notice of Patient Information Privacy Practices This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Bhagat Puran Singh Health Initiative (BPSHI) and MediGrail, LLC is required by law to protect the privacy of your personal health information, provide this notice about our information policies, and follow the information practices described therein.
Uses and Disclosures of Health Information.

The physician volunteers and the associated organizations or governing bodies of the clinical site, at which the clinic is hosted, are not liable nor responsible for any patient health outcomes. The patient assumes that it their responsibility to follow the advice of their Primary Care Provider as primary advice.

BPSHI and MediGrail, LLC uses your personal health information primarily for:

Treatment (includes providing, coordinating, or managing health care by one or more health care providers or doctors, e.g., we may share your health information with physicians who are treating you).

Health care operations (include conducting internal administrative activities and evaluating the quality of care that we provide): We may use your information as necessary to contact you to remind you of your appointments. We may also use or disclose your information without prior authorization for public health purposes, for auditing purposes, for research studies, for emergencies and when required by law.

Patient's Individual Rights

You have the right to review or obtain a copy of your personal health information at any time. All requests must be made in writing to BPSHI. You have the right to request that we correct any inaccuracies or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or health care operations purposes.

You may also request in writing that we do not use or disclose your personal health information for treatment, payment, and health care operations purposes except when specifically, authorized by you, when required by law or in emergency circumstances. BPSHI, will consider all such requests on a case-by-case basis, but it is not legally required to accept them.

LEGAL DISCLAIMER FOR PROVIDED SERVICES

I, _____ hereby, with my free will agree to take advice, consultation and/or examination by the physicians, health care providers and volunteer staff working for/with United Sikhs or BPSHI health camps/clinics. I will not, in any way, hold any of the aforementioned health care providers, volunteers, BPSHI Staff members or any associated individual or business entity responsible for the advice or consultation given at these medical camps and clinics.

PATIENT NAME _____ DATE OF BIRTH _____

PATIENT SIGNATURE _____ TODAY'S DATE _____