

HIPAA Declaration Given today:

OpenEMR Software makes it a priority to keep this piece of software updated with the most recent available security options, so it will integrate easily into a HIPAA-compliant practice and will protect our customers with at least the official HIPAA regulations.

The Practice:

- (a) Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your PHI
- (b) Under the Privacy Rule, it may be required by other laws to grant greater access or maintain greater restrictions on the use of, or release of your PHI than that which is provided for under federal HIPAA laws.
- (c) Is required to abide by the terms of the Privacy Notice
- (d) Reserves the right to change the terms of this Privacy Notice and make new Privacy Notice provisions effective for all of your PHI that it maintains if needed
- (e) Will distribute any revised Privacy Notice to you prior to implementation
- (f) Will not retaliate against you for filing a complaint

Patient Communications:

Health Insurance Privacy Act 1996 USA, requires to inform you of the following government stipulations in order for us to contact you with educational and promotional items in the future via e-mail, U.S. mail, telephone, and/or prerecorded messages. We will not share, sell, or use your personal contact information for spam messages.

I am aware and have read the policies of this practice towards secrecy and digital information protection:

- · The Practice set up their User accounts for the OpenEMR databases, so it requires Users to log in with a password.
- The User have to exit or log out of any medical information when not using it or as soon as Default timeout is reached.
- When using this medical information registration in front of patients the User should use the "Privacy" feature to hide PHI (Personal Health Information) for other patients in the Search screen.
- We have developed and will use standard operating procedures (SOPs) requiring any use of the Export Patients Medical or other information to be documented.
- Users are only allowed to store a copy of your Medical information on a laptop computer or other portable media that is taken outside The
 Practice if recorded in writing. By signing out of The Practice with any portable device or transport medium this information is to be
 erased when finished with the need to take this information out of The Practice, if possible this information is only to be taken outside The
 Practice in encrypted format.
- Only specific technicians may have occasional access to our hardware and Software. The HIPAA Privacy Rule requires that a practice have
 a signed Business Associate Contract before granting such access. The Technicians are trained on HIPAA regulations and limit the use and
 disclosure of customer data to the minimum necessary.

I acknowledge receipt of this notice, have read the contents and understand the content.

hereby signs this agreement to its terms.

Patient Name: Jane Seymour (FirstName Lastname); Female (in characters)

Our external ID:2

Born: 1941-12-07

Home Address: 123 Hampton Ct

Zip: 99999; City: New London; **State:** California

Home Phone: 123-456-7890

Jane Seymour Witnessed by: Administrator

Patient Signature: Witness Signature:

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NOTE: This document has no intention to be an official document and can as such only be used as an indicative HIPAA Document, but should never be used without consultation for completeness for juridical correctness.

Date:	(Date of service)			
For Inte	ernal Use:			
Patient	Refused to Sign:			
Patient	unable to sign due to	o the following rea	son:	

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