



Date Completed: _____

MRN: _____

DOB: _____

Main Campus: 3025 SW Corbett Ave. Portland, OR 97201
NUNM Information Center: 503-552-1551

HIPAA Notice of Privacy Practices and Consent

I hereby consent to the use and disclosure of my Protected Health Information by National University of Natural Medicine (NUNM) Health Centers for the purposes of **treatment, payment and healthcare operations**, or as otherwise required by law.

- NUNM has posted their Notice of Privacy Practices on the NUNM Health Centers website, www.nunmhealthcenters.com, which provides more detailed information about the usage and disclosure of my Protected Health Information. I have a right to review the Notice prior to signing this consent and to receive a printed copy of the Notice.
- I have the right to request restrictions to the usage and disclosure of my Protected Health Information.
- I have the right to request an alternative to the standard method of communication of my Protected Health Information.
- I have the right to revoke this consent, in writing, at any time. Revocations will be honored as of the date they are received by the NUNM Health Centers at the following address: 3025 SW Corbett Avenue, Portland, Oregon 97201.
- I understand that while NUNM may honor these requests, they are not required by law to do so.
- NUNM is part of an organized health care arrangement including participants in the Oregon Community Health Information Network (OCHIN) which utilizes the *Care Everywhere* system. A current list of OCHIN participants is available at <http://www.community-health.org/partners.html>. As a business associate of NUNM Health Centers, OCHIN supplies information technology and related services to NUNM Health Centers and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by NUNM Health Centers with other OCHIN and *Care Everywhere* participants only when necessary for health care operations purposes of the organized health care arrangement.
- I am aware that NUNM reserves the right to change the terms of their Notice of Privacy Practices and to make new notice of Privacy Practices provisions effective for all Protected Health Information that they maintain. In the event of amendments, NUNM will make available a revised Notice of Privacy Practice for my review.

I have fully read and understand the above agreements and authorizations.

Patient (18 years or older) Date

Parent, Guardian, Responsible Party Date

Patient or Guardian Signature Date