

HIPAA POLICY
ALPHA CENTER, INC.

It is the policy of Alpha Center to ensure the privacy and confidentiality of each client according to the Health Insurance Portability and Accountability Act of 1996. (HIPAA)

The Alpha Center will maintain all personal health information in a secure place to limit access to and communication of your information to the minimum necessary for the intended. We will maintain a log of the disclosure or use any of your medical information that is for the purpose of your health, safety and care. This log will contain the following:

- Date we made the disclosure
- Name of person or entity to whom the disclosure was made
- A description of the PHI that was disclosed
- Reason for disclosure

PRIVACY RIGHTS

1. You have the right to be notified of our duties to protect the privacy of your medical information.
2. You may request restriction on the use or disclosure of your medical information.
3. You are entitled to a copy of the list of uses or disclosures we have made.
4. You may revoke your written authorization of consent by writing the Alpha Center at 315 S. Monroe St. Muncie, IN 47305.
5. Your privacy protection laws require that any paper waste containing medical or personally identifiable information be thoroughly destroyed prior to disposal in a waste receptacle.

I hereby give my consent to Alpha Center to use and disclose my protected health information to other persons and supportive entities that too, are assisting in the betterment of my health, care and safety.

Client signature: _____ **Date:** _____

Client's printed name: _____

If you are signing as the client representative:

Print your name: _____ **Date:** _____

State your authority/relationship to the client: _____