

## Acknowledgement of Information Received and Consent for Integrated Evaluation and Treatment

Axis adheres to all state and federal regulations as they apply to the access, protection, disclosure and use of your healthcare information contained in our records. This information is also available to you in a Patient Handbook. I have read the following notices related to the use, disclosure, access and protections associated with my healthcare record. I understand that this practice participates in electronic Health Information Exchange (HIE) and I hereby authorize the release of medical records to the HIE in support of my care and as necessary to process claims related to my care. Currently my lab results are routinely exchanged in the HIE. I also understand that details regarding the privacy protections for my record are contained in Axis's *Notice of Privacy Practice*. This and the following information is available to me both electronically via email request, at Axis website [www.axishealthsystem.org](http://www.axishealthsystem.org) or by asking for a printed copy at any of our clinic locations:

**Appointment Policy**  
**Behavioral Health Grievance Policy**  
**Notice of Privacy Practices**  
**How to Choose a Medical Healthcare Provider**

**Medical Grievance Policy**  
**Patient Rights & Responsibilities**  
**Advance Directives**  
**Patient Handbook**

*I hereby consent to treatment, including tests, procedures and medications, as directed by Axis staff. I understand my treatment will have a greater chance of success when I participate in its design and cooperate with any professional recommendations that are provided to me. I understand that I may refuse any services and/or treatment and this will not jeopardize my status as a patient of Axis if I have a valid consent for treatment in place. I understand that I may revoke this consent at any time, in writing; however, if I choose to revoke my consent for treatment, Axis will immediately discontinue providing services. Also, by signing, you are confirming that you have read or have access to the documents above.*

Patient or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient name (please print): \_\_\_\_\_

Legal Guardian name (please print): \_\_\_\_\_

**Please note the following regarding treatment:** Axis staff will depend on statements made by the patient, information provided in patient's medical history and other information as available to evaluate a patient's condition and decide on the best treatment. Some services at Axis may be provided with telehealth equipment and involve interaction with providers who are not physically in the clinic for your appointment. These sessions are transmitted via secure, dedicated high-speed lines and are not typically: videotaped, recorded, or saved in any way. However, with your consent where applicable, we may videotape or take pictures during the interaction to assist in your diagnosis, treatment, or referral, or for the purposes of supervision, training, or quality improvement. In addition, relevant information from your visit will be documented in your medical records, just as it would be if the provider had been physically present. Your healthcare providers will discuss with you the benefits and risks of treatment. If you are unclear about your treatment or the protection of your records, please feel free to ask questions at any time.

**Please note the following regarding your records and complaints:** We are required to inform you that if you file a complaint, your records may not be maintained longer than seven years and therefore would be unavailable to review in respect to such complaints.

**Protected Access and Associated Disclosure Limitations:** There are limitations on access to patient information and disclosures that are based on the type of treatment and/or the age of the patient in question. Health information for the patient is protected differently in the following circumstances.

**Minor Patients:** Axis will not release a minor's protected health records to a parent/guardian if there is any legal action involving a determination of the best interests of the minor because the minor has a right to privileged and confidential communications in relation to that type of action, unless a valid waiver of the minor's privilege or court order is received by Axis. If a minor has consented to their own treatment, Axis, upon request from a parent or legal guardian, without the consent of the minor child, may advise the parent or legal guardian only of the services given or needed. Release of this information regarding services shall not be considered a waiver of the minor's right to privileged and confidential communications or Axis's duty of confidentiality. A parent or legal guardian may be notified without the minor's consent if, based on professional opinion, the minor is unable to manage his or her care or treatment and a parent or legal guardian will be notified any time a minor expresses safety concerns, including intent to harm self or others.