



**Dr. Janet Opila-Lehman, ND** 966 Tunnel Rd, Asheville, NC. 28805 **Phone: 607-368-0470**

**HIPAA Notice of Privacy Practices and Consent**

I hereby consent to the use and disclosure of my protected health information by Dr. Janet Opila-Lehman for the purposes of health consulting, payment and healthcare operations, or as otherwise required by law. By signing below I am agreeing that I have been informed about my protected health information and how to obtain a personal copy of the privacy policy.

- 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 refuse disclosure of care/services to health plans regarding care/services that I have paid out of pocket for.
- I have the right to request my personal health information in writing and understand that it could take up to 60 days to receive that information.
- I have the right to access my electronic medical record through the patient portal, at no cost at any time and understand that my email address is required to do so.
- I have the right to contact Dr. Janet Opila-Lehman through unsecured email, text, phone, or online, however, I understand those are not HIPAA-compliant forms of communication and that Dr. Janet Opila-Lehman provides other secure options.
- I am aware that my health information may be used to provide, coordinate or manage my health care and may be disclosed to a third party to facilitate this action.
- I am aware that my health information may be confidentially shared in the operations of Dr. Janet's business such as statistical records and quality assessment.
- I am aware that Dr. Janet Opila-Lehman reserves the right to change the terms of this Notice of Privacy Practices and to make new Notice of Privacy Practices provisions effective for all protected health information maintained. In the event of amendments, Dr. Janet Opila-Lehman will make available a revised Notice of Privacy Practice for my review.
- 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 Dr. Janet Opila-Lehman. If you have any questions or concerns, please do not hesitate to contact me.

*Dr. Janet Opila-Lehman, ND* Ph: 607-368-0470 Email: [j.opila.lehman@gmail.com](mailto:j.opila.lehman@gmail.com)

I have read and understand the information provided, and have received a copy for my records if requested.

Signature of Client or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship (if other than Client): \_\_\_\_\_ Client Name if Guardian: \_\_\_\_\_