



Medi-Chair, LLC/Redman Power Chair
1601 South Pantano Road # 107
Tucson, AZ 85710
(800) 727-6684

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
(Protected Health Information)

I hereby authorize _____, to release the following information from the medical record (Protected Health Information) of:

Patient Name: _____

Date Of Birth: _____ Social Security#: _____

Information To Be Released To: Medi-Chair, LLC/Redman Power Chair
1601 South Pantano Road # 107
Tucson, AZ 85710
(800) 727-6684

THE MEDICAL REPORTS REQUESTED ARE AS FOLLOWS:

Final Diagnosis Progress Reports Physicians Orders
History & Physical Consultation Rep. Physical Therapy / O.T. Evaluation

Describe Other: _____

PURPOSE OF THIS DISCLOSURE IS TO PURCHASE A POWER CHAIR

I hereby also consent to the release of the following information, which may have specific statutory protection:

Healthcare information received from another healthcare institution.

I understand that this authorization is voluntary and that I may refuse the right to sign this authorization. My refusal to sign will not affect my ability to obtain treatment, receive payment, or eligibility for benefits unless allow by law.

I understand that if the organization may no longer be protected by federal privacy regulations. I, on behalf of myself or any other person who may have an interest in the matter, hereby release the facility, it's employees, officers, and attending physician form legal responsibility or liability in regard to the acts that I have hereby authorized.

A parent or court appointed guardian must sign for a minor child.

An adult patient must sign for himself or herself unless a guardian has been appointed by a court of law (legal representatives in certain circumstances). If patient is unable to sign, he or she must make a mark (X) and have the signature of two witnesses.

I understand that this authorization will expire on _____

I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do, it will not have any affect on any action taken before receiving the revocation.

Signature of Patient

Date

Signature of Parent/Guardian Rep. / Relationship

Date

Signature Of Witness Date

Signature Of Witness Date



Medi-Chair, LLC/Redman Power Chair
1601 S Pantano Rd Ste 107
Tucson, Arizona 85710
Phone: (800) 727-6684
Fax: (520) 546-5530

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Primary Telephone _____

Diagnosis _____ ICD 9 CODE _____

BILLING INFORMATION

Primary Insurance Name _____

Medicare # (if applicable) _____

ID# _____ Telephone # _____

Secondary Insurance Name _____

ID# _____ Telephone # _____

PRESCRIPTION INFORMATION

Physician's Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Physical Therapist's Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

AUTHORIZATION OF RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

I hereby authorize REDMAN POWER CHAIR to release any medical information necessary to process my insurance claims to my insurer. I authorize payment directly to REDMAN POWER CHAIR.

Signature _____ Date _____

Notice of Privacy Practices for Protected Information

Effective Date of This Notice: May 27, 2009

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Medi-Chair LLC is required by federal (US) law to maintain the privacy of certain confidential health care information. This confidential health care information is known as Protected Health Information or PHI. Medi-Chair is also required to provide you with a notice of our legal duties and privacy practices with respect to your PHI. Medi-Chair LLC is also required to abide by the terms of the version of this Notice currently in effect.

Use and Disclosure of PHI without Your Authorization

Medi-Chair LLC is permitted to use PHI *without* your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including: For the treatment, payment or health care operations activities of another health care provider who treat you; For health care and legal compliance activities; To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests; To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence; For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system; For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process; For law enforcement activities in limited situations, such as when responding to a warrant; For military, national defense and security and other special government functions; To avert a serious threat to the health and safety of a person or the public at large; For workers' compensation purposes, and in compliance with workers' compensation laws; Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Client Rights:

As a Medi-Chair, LLC client, you have a number of rights with respect to your PHI, including:

The right to access, copy or inspect your PHI.

This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our privacy officer.

The right to amend your PHI

You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer.

The right to request an accounting

You may request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility where you were treated. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting, contact our privacy officer.

The right to request that we restrict the uses and disclosures of your PHI

You have the right to request that we restrict how we use and disclose your medical information that we have about you. Medi-Chair LLC is not required to agree to any restrictions you request, but any restrictions agreed to by Medi-Chair LLC in writing are binding on Medi-Chair LLC.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request

If we maintain a web site, we will prominently post a copy of this Notice on our web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice

Medi-Chair LLC reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our privacy officer.

Your Legal Rights and Complaints

You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to our privacy officer.

Privacy Officer Contact Information:

Medi-Chair LLC

1601 S Pantano Rd Ste 107

Tucson, AZ 85710

Toll free phone: 800.727.6684 x 4

Phone: 520.546.6002 x 4

Fax: 520.546.5530

Email: paula@redmanpowerchair.com