

FOX VALLEY PSYCHIATRY LTD. PRIVACY AGREEMENT WITH OUTSIDE PROVIDERS

PLEASE REVIEW THIS AGREEMENT THOROUGHLY.
THIS AGREEMENT DETAILS WHEN AND HOW MEDICAL INFORMATION OF A FOX VALLEY
PSYCHIATRY CLIENT MAY BE USED AND DISCLOSED.

Fox Valley Psychiatry is committed to protecting the privacy rights of people who receive care through Fox Valley Psychiatry Ltd. Due to the sensitive nature of mental health care and robust HIPAA protection laws, Fox Valley Psychiatry has promised clients that their protected health information (PHI) will not be disclosed to outside entities except for purposes of direct patient medical care or when legally required to do so. Clients have been informed that Fox Valley Psychiatry does not consult with any adjunctive providers who are not employees of Fox Valley Psychiatry. Fox Valley Psychiatry does not participate in any research studies or collaborative endeavors that would lead to the disclosure of PHI. Clients have been informed fully of their rights, including but not limited to the right to grant or restrict access to their PHI. Further rights have been delineated in the Fox Valley Psychiatry Notice of Privacy Practices.

If a provider is seeking medical records from Fox Valley Psychiatry concerning a mutual client, that provider is required to sign below attesting that the client's PHI will not be disclosed to anyone for purposes other than direct medical treatment consistent with the stipulations in the Notice of Privacy Practices.

This authorization form can be faxed to us (preferred) or sent by postal mail.

Fax: 920-214-1187

Phone: 920-882-7780

Mail:

Attn: Privacy Officer
Fox Valley Psychiatry Ltd.
4321 W College Ave, Ste 200
Appleton, WI 54914

Provider's name: _____

Provider's signature: _____ Date: _____

Fox Valley Psychiatry President: Dr. Eric Rueff, D.O.

Fox Valley Psychiatry President signature: _____ Date: _____