



301 N Main St Suite 306 Pueblo CO 81003

HIPPA Disclosure

I, _____, understand that as part of my health care, The Morrissey Institute originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as: a basis for planning my care and treatment, a means of communication among the many health professionals who contribute to my care, a source of information for applying my diagnosis and surgical information to my bill, a means by which a third-party payer can verify that services billed were provided, and a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals. I further understand that disclosure of my information will occur to the appropriate authorities if I become a threat to myself or others or if I admit to child/elder abuse. I understand that if I initiate communication via text or email (except through virtu) that any information transmitted is not secure and I will hold The Morrissey Institute harmless for insecure communication.

By signing below, I understand my rights as I have read them or as they have been read to me.

Signature

Date