

PRIVACY ACT SIGNATURE RECORD

I have read the Privacy Act Notice. I have been informed that my record is or will be kept in the Health and Medical Records System at:

(Name of Facility and Address)

I understand that the information given by me and / or collected and stored in my health record is necessary for Indian Health Service staff or Indian Health Service contractors to provide services for my health and well being. Furthermore, I have been informed that my health record or any portion of my health record shall not be disclosed to another agency or person, unless specified as routine use (listed on the "Why We Ask Questions" notice), without my signed consent.

(Signature of Individual)

(Date)

(Signature of Guardian for Minor or
Court Appointed Guardian)

(Date)

(Signature and Title of IHS or
Contract Employee)

(Date)

"THIS FORM IS NOT A PREREQUISITE TO PROVIDING SERVICES"

Original in the individual's health record
Copy to individual

**INSTRUCTIONS
FOR COMPLETING THE
PRIVACY ACT SIGNATURE RECORD (IHS-820)**

The Privacy Act of 1974 (Title 5, U.S. Code, Section 552(a)) provides for the confidential treatment of medical records maintained by the Indian Health Service (IHS). In addition, Department policy reinforces the provisions of the Privacy Act by requiring that IHS medical records be protected from uses other than those for which they were collected, and that personal information about individuals is not disclosed without the individual's consent. The Privacy Act applies to both records originated by IHS or IHS contract staff as well as records provided by other sources to IHS and IHS contract staff (such as Medicare and Medicaid eligibility information provided by State agencies).

The form shall be utilized in all Indian Health Service facilities.

1. The original copy shall be filed in the patient's medical record, which becomes a part of the medical record for the lifetime of the record.
2. A copy may be provided to the patient or legal court appointed Guardian.
3. The Privacy Act Signature Form should be signed when:
 - a) a new patient is interviewed;
 - b) an inactive chart become active;
 - c) minor reaches the State-recognized age of adulthood;
 - d) there is a legal change of name through marriage, divorce, adoption or court order; and
 - e) patient moves back to locality of healthcare facility.

NOTE: It is not necessary to obtain the patient's signature each time the patient's information is updated.