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 Las Cruces, N.M. 88011
 (575) 541 - 5580

203 S. Foch St.
 Truth or Consequences, N.M. 87901
 (575) 384 - 0301

417 Tramway Blvd. Ste. 2
 Albuquerque, N.M. 87123
 (505) 312 - 7433

Patient Registration Form

Please attach clear copies of your NMMCP ID card and state issued photo ID.

**** PLEASE FILL OUT COMPLETELY, AND PLEASE PRINT NEATLY, THANK YOU! ****				
Patient Last Name		First Name		Middle Initial
Physical Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
Home Phone		Cell Phone		
NMMCP ID Number		Expiration Date		

<h3>Primary Care Giver Information</h3> <p>*Only fill this portion out if you have/are a registered primary care giver with a NMMCP primary care giver card.</p>				
Patient Last Name		First Name		Middle Initial
Physical Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
Home Phone		Cell Phone		
NMMCP Caregiver ID Number		Expiration Date		

I have read and understand the HIPPA policy and do hereby consent and acknowledge my agreement to the terms of the HIPPA information as it relates to my dealings with MJ Express-O. I understand that this consent will remain in force from this time forward. If you require your own personal copy of HIPAA rights and regulations, please ask any MJ Express-O team member and they will provide it to you.

 Signature

 Date

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)

The **Health Insurance Portability and Accountability Act (HIPAA)** was enacted by Congress in 1996. The section of the law that applies to our program is Title II, excerpts of which follow. (Note: More complete information about the Act may be found at <https://www.hhs.gov/hipaa/index.html/>)

MJ Express-O will abide by the following rules in compliance with the HIPAA Act.

The HIPAA Privacy Rule regulates the use and disclosure of certain information held by "covered entities" (generally, health care clearinghouses, employer sponsored health plans, health insurers, and medical service providers that engage in certain transactions.) It establishes regulations for the use and disclosure of Protected Health Information (PHI), that is,

Any information held by a MJ Express-O which concerns health status, provision of health care, or payment for health care that can be linked to an individual will not be disclosed to any person or entity except as provided by state and/or federal law. This is interpreted rather broadly and includes any part of an individual's medical record or payment history.

MJ Express-O must disclose PHI (Private Health Information) to the individual within 30 days upon request. They also must disclose PHI when required to do so by law.

MJ Express-O may disclose PHI to facilitate treatment, payment, or health care operations, or if MJ Express-O has obtained authorization from the individual. However, when MJ Express-O discloses any PHI, it must make a reasonable effort to disclose only the minimum necessary information required to achieve its purpose.

The Privacy Rule gives individuals the right to request that MJ Express-O correct any inaccurate PHI. It also requires MJ Express-O to take reasonable steps to ensure the confidentiality of communications with individuals. For example, an individual can ask to be called at his or her work number, instead of home or cell phone number.

The Privacy Rule requires MJ Express-O to notify individuals of uses their PHI. MJ Express-O must also keep track of disclosures of PHI and document privacy policies and procedures. They must appoint a Privacy Official and a contact person responsible for receiving complaints and train all members of their workforce in procedures regarding PHI.

An individual who believes that the Privacy Rule is not being upheld can file a complaint with the Department of Health and Human Services Offices for Civil Rights (OCR).

I have read and understand the above policy and do hereby consent and acknowledge my agreement to the terms of the HIPAA information as it relates to my dealings with MJ Express-O. I understand that this consent will remain in force from this time forward.

PLEASE SIGN PATIENT REGISTRATION FORM

M/D/YY

Signature

Date