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BIO-THERAPEUTICS EDUCATION & RESEARCH FOUNDATION

36 Urey Court, Irvine, CA 92617 / Ph: 330-644-0217 / Fax: 949-679-3001 / www.BTERFoundation.org / info@BTERFoundation.org

~ NOTICE OF PRIVACY PRACTICES ~

I understand that the **BioTherapeutics**, **Education & Research (BTER) Foundation**, a not-for-profit corporation, may use and disclose personal and/or health-related information about me.

I understand that this information may include information created and/or received by the **BTER Foundation**; this information may be verbal, written, visual or electronic in nature; this information may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, residence, age, gender, and health insurance status.

I understand and agree that the **BTER Foundation**, may use and disclose my personal and health-related information in order to:

- make decisions about and plan for my care and treatment;
- refer to, consult with, coordinate among, and manage along with other health care providers for my care and treatment;
- determine my eligibility for health plan or insurance coverage, and submit bills, claims and other related information to insurance companies or others who may be responsible to pay for some or all of the healthcare;
- perform various office, administrative and business functions that support my physician's efforts to provide me with, arrange and be reimbursed for quality, cost effective health care; and
- evaluate the efficacy and safety of treatments (including for research purposes).

I also understand that I have the right to receive and review a written description of how the **BTER Foundation** handles such information about me (Confidentiality Policy). This written policy describes information practices followed by the **BTER Foundation** and its personnel.

I understand that I have the right to ask that some or all of my health information not to be used or disclosed in the manner described in the Confidentiality Policy, although the **BTER Foundation** is not required by law to agree to such requests.

atient / Client Name	Signature	Date	
arent or Legal Guardian	Signature	Date	
This form will be retained i	n your record.		
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