



Senior Planning Center

HIPAA Privacy & Consent Agreement

The purpose of this notification is for Senior Planning Center, Inc to inform you of your rights in connection with the Senior Planning Center, Inc (SPC) services and under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In providing services to you, SPC does not routinely collect, store, or electronically transmit what HIPAA defines as “protected healthcare information” (PHI). We want to ensure that you understand it is the policy of Senior Planning Center, Inc to respect the confidentiality of any information you provide. Along with confidentiality, you also have the right to request a copy of any information we do collect, review, ensure the correctness of the information, and ask for an explanation of how the information will be used.

Subject to the rights listed above, your signature below (or that of your authorized representative) serves as your consent for the Senior Planning Center to create, collect, disclose, access, maintain, store, and / or use your healthcare information including what may or may not be defined as PHI.

The purpose of this information is to carry out any task necessary in support of business you are conducting with the Senior Planning Center and the services we are providing.

This Consent Agreement also serves to confirm you understand the Senior Planning Center, Inc has:

- The responsibility to inform you of the full range of qualifying health plans (QHP) options and insurance programs for which you may be eligible for. Also, to provide you with fair, accurate, and impartial information.
- A policy of only asking for the minimum amount of healthcare information necessary to help you and provide our services while ensuring the information will be kept private and secure consistent with SPC policies and procedures.
- You are not obligated to provide SPC with any information you do not want to share. Understanding this may limit the accuracy of the information we are able to provide to you.

In signing, you are acknowledging you have reviewed and also understand the content of this agreement and are granting permission for our agent or an authorized representative of the Senior Planning Center, Inc to contact you with regard to any business you conduct with the Senior Planning Center. This consent is considered on-going and on an open-ended basis or until such time as you revoke your permission. In signing, you understand that in the future you can revoke, limit, or change the permissions for which you are consenting to by **PROVIDING NOTICE IN WRITING** to the Senior Planning Center.

Signature: _____

Date: _____

Printed Name: _____