

GEM STATE RADIOLOGY
dba
ADVANCED VEIN THERAPY
MEDICAL IDENTITY
VERIFICATION

ACKNOWLEDGEMENT OF RECEIPT OF
“NOTICE OF PRIVACY PRACTICES”

Medical identity is that unique set of information that makes up the identity of an individual and may also be referred to as Protected Health Information (PHI) as per HIPAA laws and regulations. Medical identity theft is theft that occurs when someone uses an individual’s name or other parts of the individual’s identity – such as insurance information or a Social Security Number – *to obtain medical services or goods without the victim’s knowledge*. Medical identity theft can also occur when someone uses the person’s identity to obtain money by falsifying claims for medical services and falsifying medical records to support those claims. The essence of the crime is the use of a medical identity by a criminal and the lack of knowledge by the victim.

In an effort to further protect patients being treated at Advanced Vein Therapy (AVT) from medical identity theft we must view and copy your non-expired, government issued photo identification (ID) such as a driver’s license, passport, or other government issued photo ID. In the event you do not have a government issued photo ID then additional identifying documents will be requested to confirm identity.

Furthermore, I have been offered a copy of AVT’S “Notice of Privacy Practices” that describes in detail how my Protected Health Information (PHI) gathered may be used or disclosed by AVT per HIPAA Privacy regulations.

I have read this document and understand the intention of AVT’s effort to protect my identity from theft by verifiable identification and also that I have been offered a detailed copy of the “Notice of Privacy Practices”.

Signature of Patient

Date

Printed Name of Authorized Representative

Date

Signature of Authorized Representative

Describe Authority to act on behalf of Patient.

OFFICE USE ONLY:

Describe identification presented: _____

Confirmed by AVT Employee: _____
Print Name *Initials*

§ **Patient/Authorized Representative allowed VISUAL INSPECTION ONLY of identification document(s) presented.**