



Consent to the Use and Disclosure of Health Information Necessary to Process an Assistance Application or to Provide Any Type of Service or Assistance Through iPump.org, Inc.

As Required by Federal HIPAA Privacy Law

I understand that as part of my receiving assistance through iPump.org, Inc. (“iPump,” or “organization”), that iPump originates and maintains health records which may describe my health history, symptoms, examinations, test results, diagnoses, treatment, and any plans or needs for future care or treatment, as well as certain financial and personal information. I understand that this information serves as:

- A basis for processing my application for assistance; **and**
- A means of communication among the any health professionals, social workers, patient advocates, pharmacies, or others who contribute directly to my health care or in providing goods and/or services related to my health care; **and**
- A source of information for applying my diagnosis and information to my being considered for, or actually receiving assistance directly or indirectly from or through iPump.

I understand and have been provided with a “Notice of Information Practices for iPump.org, Inc.” that provides a more complete description of information uses and disclosures. Further, I understand and agree, that:

- I was given the opportunity to, and have the right to review the “Notice of Information Practices for iPump.org, Inc.” prior to signing this consent.
- That iPump reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I've provided.
- I have the right to object to the use of my health information for directory purposes.
- I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations including assistance through iPump, and that the organization is not required to agree to the restrictions requested.
- I understand that I may revoke this consent in writing, except to the extent that the organization has already take action in reliance thereon.

I request the following restrictions to the use or disclosure of my health information:

Applicant or Legal Representative of Applicant	Witness to Applicant’s Signature
Print Full Name	Print Full Name
Signature	Signature
Date	Date



Notice of Information Practices For iPump.org, Inc.

1425 W. Foothill Blvd., Suite 235, Upland, CA 91786

www.ipump.org; email help@ipump.org

How We Collect Information About You: iPump.org, Inc. (iPump) and its employees and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to process your application which may require communication between iPump and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers that is necessary to verify your medical information is accurate, determine the type of medical supplies you need to manage your diabetes, and/or to obtain or order any type of diabetes supplies or insulin pumps on your behalf.

If you apply or attempt to apply for assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or unwillful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect: We do not use cookies on our website to collect data from our site visitors. We do not collect information about site visitors except for one hit counter on the main index page (www.iPump.org) that simply records the number of visitors and no other data. We do use some affiliate programs that may or may not capture traffic data through our site. To avoid potential data capture that you visited a diabetes website simply do not click on any of our outside affiliate links.

Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of iPump. We reserve the right to use non-identifying information about our clients (those who do receive services or goods from us) for fundraising and promotional purposes that are directly related to our mission. Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client's express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publically used without your consent.