

**Abdulkader Dahhan, M.D.**

120 Professional Lane, Suite 101

Harlan, Kentucky 40831

606-573-1085

**Privacy Consent Disclosure**

I hereby consent to Abdulkader Dahhan, M.D. (the "Practice") using or disclosing my protected health information for the purposes of providing treatment to me, obtaining payment for health care services rendered to me or to carry out the Practice's health care operations. I also consent to Practice using or disclosing my protected health information for treatment activities provided by another health care provider as well as the payment activities conducted by another health care provider or entity. I further consent to the disclosure of my protected health information in order for another provider or health care entity to conduct health care operations including quality assessment and reviewing the competence of health care professionals.

The Kentucky Health Information Exchange ("KHIE") makes patient health care information available electronically to the Kentucky Department for Medicaid Services, Kentucky State Laboratory and certain health care providers who are covered by HIPAA and participate in the KHIE (KHIE participants). KHIE Participants agree to KHIE's terms and conditions including its security and privacy requirements and agree to access the information or purposes of treatment, payment and health care operations according to applicable federal and state laws. A detailed description of KHIE can be found at <http://khie.ky.gov>. Making patient health care information available to participating health care providers through KHIE promotes efficient and quality health care for patients. We are a KHIE participant. As such, we are able to obtain more complete information about our patients medical histories when their health care information is available through KHIE. We make our patient's health care information available to other KHIE Participants who have need to know it for purposes of treatment, payment and health care operations. You may choose not to allow your information to be available through the KHIE. Participation in the KHIE is not a condition of receiving care. However, if you decide not to make you information available to the KHIE, it may limit the information available to your health care providers. Your information is not stored with the KHIE. Rather, information is only pulled through the KHIE when participating providers request our information. Then, a copy of your information is stored with the receiving provider, much like a fax between health care providers Please let us know if you have questions about KHIE or desire not to make your information available through the KHIE.

Specific Records Expressly Included. I expressly authorize release of the following information for the purposes of treatment, payments and health care operations, if it is part of my protected health information (CHECK ANY OR ALL YOU AGREE TO AUTHORIZE FOR RELEASE):

Chemical Dependency/Substance Abuse

Drugs

Alcohol

Sexually Transmitted Disease

I further acknowledge the Practice has provided me a copy of its Notice of Privacy Practices, which provides a detailed description of the uses and disclosures allowed by this consent, as well as other rights I have regarding my protected health information.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Name of Patient or Personal Representative

Date: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Name of Patient and DOB

Date: \_\_\_\_\_

Description of Personal Representative's Authority \_\_\_\_\_