



**HIPAA (Health Insurance Portability and Accountability Act of 1996)**

I understand that under HIPAA, I have certain rights to privacy regarding my protected health information. I understand this information can and will be used to

- Conduct, plan, and direct treatment and follow-up among healthcare providers who may be involved in that treatment directly or indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations, such as quality assessments and provider certifications.

I have been informed of your Notice of Privacy Practice containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such Notice of Privacy Practice prior to signing this consent. I understand that this organization has the right to change its Notice of Privacy Practice from time to time and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practice.

I understand that I may request in writing that you restrict how my private information is used and disclosed to carry our treatment or obtain payment of health care operations. I also understand you are not required to agree to my requested restriction, but if you agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent you have taken action relying on this consent.

**PATIENT AUTHORIZATIONS**

Please check the specific information you wish to be used or disclosed:

Test Results     Lab work     Medication Information     Office Visits  
 Procedure Information     Payment Arrangements     Entire Medical Record

Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents: \_\_\_\_\_ Phone: \_\_\_\_\_

Children: \_\_\_\_\_ Phone: \_\_\_\_\_

PCP: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

May Leave on answering machine/voicemail/text

DO NOT release any medical information to anyone

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

Relationship to Patient: \_\_\_\_\_