

HIPAA PRIVACY PATIENT CONSENT FORM

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patient's consent for uses and disclosures of health information about the patient for the purpose of carrying out treatment, payment, or health care operations. As our patient, we want to know that we respect the privacy of your Personal Health Information (PHI) and will do all we can to secure and protect that privacy. When it is appropriate and necessary, we will provide the minimum necessary information to those we feel are in need of your PHI, payment or health care operations so we can provide health care that is in your best interest. For example, we may have treatment relationships on your behalf (i.e. interactions with laboratories) and may have to disclose your PHI for purposes of payment or health care operations. We also want you to know that we support your full access to your personal medical records.

You may refuse to consent to disclosure of your PHI, but this must be done in writing. Under this law we have the right to refuse to treat you should you choose to refuse to disclose your PHI. If you choose to give consent in this document at some future time, you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent. If you have any objections to this form, please ask to speak with our HIPAA Compliance officer. You have the right to review our privacy notice, to request restrictions, and revoke consent in writing after you have reviewed this privacy notice.

Client Signature: _____