

HIPAA Compliance Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information.

The notice contains a patient’s rights section describing your rights under the law. You ascertain that by your signature you have reviewed our notice before signing this consent.

The terms of the notice may change, if so, you will be notified at your next visit to update your signature/date.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment, or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected health care information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand that:

The practice reserves the right to change the privacy policy as allowed by law.

The practice may condition receipt of treatment upon execution of this consent.

I give my permission to share my medical information with medical, insurance, or legal entities concerning my treatment only as it pertains to my treatment.

I give my permission to share my financial transactions with my credit card company, insurance company, legal entities, lending institution, or bank only as it pertains to my treatment.

May we phone, email, or text you to confirm appointments? Yes No

May we leave a message on your answering machine at home or on your cell? Yes No

May we discuss your medical condition with any member of your family? Yes No

If YES, please name the members allowed:

May we contact you by mail, email, text, and phone? Yes No

This consent was signed by: _____
 (PRINT NAME PLEASE)

Signature: _____ Date: _____

Witness: _____ Date: _____