



We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Individual Rights

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you only normal photocopy fees. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes and other than when you explicitly authorized it. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice, and obtain your acknowledgment of receipt of this notice.

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| <p>PATIENT CONSENT FORM Receipt of Notice of Privacy Practices</p> |
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We understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), we have certain rights to privacy regarding Our protected health information. We understand that this information can and will be used to:

- Conduct, plan and direct Our treatment and follow-up among the multiple 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 physician certifications.

We have been informed of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of Our health information. We have been given the right to review such Notice of Privacy Practices prior to signing this consent. We understand that this organization has the right to change its Notice of Privacy Practices periodically and that we may contact this organization at any time at the address below to obtain a current copy of the Notice of Privacy Practices.

We understand that we may request in writing that you restrict how Our private information is used or disclosed to carry out treatment, payment or health care operations. We also understand you are not required to agree to Our requested restrictions, but if you do agree then you are bound to abide by such restrictions. We understand that we may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

PATIENT NAME: _____

SIGNATURE: _____

RELATIONSHIP TO PATIENT: _____

DATE: _____