

Privacy Policy Summary and Consent

HIPAA (Health Information Portability and Accountability Act) sets rules and limits on who can look at and receive your health information. We, as a medical practice, are under obligation to offer you a copy of our Privacy Policy and adhere to the rules stated therein.

To make sure that your information is protected in a way that does not interfere with your health care, your information can be used and shared:

- For your treatment and care coordination
- With your health insurers, to pay doctors and facilities for your health care
- With your family, relatives, friends or others who are involved in your health care, or your health care bills, with whom you give us permission to communicate
- With governmental agencies, as permitted and/or required by law

I understand that I may request a copy of the HIPAA policy. I authorize release of relevant medical information to the following person(s):

Name _____ Relationship _____

Name _____ Relationship _____

Authorization to Leave Personal Health Information by Alternate Means

- May leave detailed message on answering system at home # () _____
- May leave detailed message on answering system at work # () _____
- May leave information with spouse (name) _____
- May leave information with other family member _____
- May leave detailed message on cellular phone # () _____
- May leave detailed message at a different location # () _____

With my signature below I acknowledge and understand that this information will be kept in my medical record and the above parameters will be abided by until revoked by me in writing. It is my responsibility to notify my health care provider should I change one or more of the telephone numbers listed above.

Signature of Patient _____ Date _____