

PATIENT CONSENT FORM

The Department of Health and Human Services has established a "Privacy Rule" to help ensure that personal health care information is protected for individual privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health informations about the patient to carry out treatment, payment, or health care operations.

As our patient, we want you to know that we respect the privacy of your medical records, and will do all we can to protect that privacy. When necessary, we provide minimal information to other health care providers as needed.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that interact only with physicians), and may have to disclose personal health information for the purpose of treatment, payment, or other health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to treat you, should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, you may at a future date request to refuse all or part of your Personal Health Information. You may not revoke actions that have already been taken which relied on this or a previously signed consent form.

If you have any objections to this form, please speak with our HIPPA Compliance Officer. You have the right to review our privacy notice, to request restrictions, and revoke consent in writing after you have reviewed our privacy notice.

COMPLIANCE ASSURANCE NOTIFICATION FOR PATIENTS

To our valued patients:

The misuse of Personal Health Information (PHI) has been identified as a national problem, causing patients inconvenience, aggravation, and money. We want you to know that all of our employees, managers, and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPPA) with particular emphasis on the Privacy Rule. We strive to achieve the very highest standards of ethics and integrity in performing services for our patients.

It is our policy to properly determine appropriate uses of PHI in accordance with the governmental rules, laws, and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI.

Our policy is to listen to our employees and our patients without thought of penalization if they feel that an event in any way compromises our policy of integrity. We welcome your input regarding any service problem so that we may remedy this situation.

Signed: _____

Date: _____