



PATIENT CONSENT FORM

The department of Health and Human Services has established a “Privacy Rule” to ensure that personal health care information (PHI) is protected for privacy. The Privacy Rule was also created to provide a standard for health care providers to obtain their patients’ consent for uses and disclosures of health information about the patient to carry out treatment, payment and or health care operations.

As our patient, we want you to know that we respect the privacy of your PHI and will do all we can to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information only to those we feel are in need of your health care information for treatment, payment or health care operations, in order to provide health care that is in your best interest.

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

You may refuse to consent to the use and disclosure of your PHI, but this must be in writing. Under the 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 decide to refuse disclosure of all or part of your PHI. You must submit your request in writing you may not revoke actions that have already taken place which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our Practice Manager who is also our HIPPA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and to revoke consent in writing, after you have reviewed our privacy notice.

Please print patient’s name _____ DOB _____

Signature of parent/guardian _____ Date _____

COMPLIANCE ASSUARANCE NOTIFICATION

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, manager, and physicians continually undergo training so 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 standard of ethics and integrity in performing services for our patients.

It is our policy to properly determine appropriate use of PHI in accordance with the governmental rules, laws and regulations. We want to ensure that our practice does not contribute to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent inappropriate use of PHI.

We also know that we are not perfect. Because of this, our policy is to train our staff and listen to our patients if they feel that an event compromises our policy of integrity. We welcome your input regarding any service problem so that we can remedy any errors immediately.

Thank you for being one of our highly valued patients.