



HIPAA PRIVACY NOTICE

With this consent, the doctors and his/her staff may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO).

With this consent, the doctor and his/her staff may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With this consent, the doctor and his/her staff may mail or fax to my home, referring physician or other designated location any items that assist the practice in carrying out TPO such as appointment reminder cards and patient statements.

With this consent, the doctor and his/her staff may speak and release my PHI to the following spouse, family member, relative, friend or parties listed below.

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

I understand that if my PHI is disclosed to a party who is not required to comply with the federal privacy protection policies, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule.

This consent covers the period of time from my first visit until I revoke my consent in writing. I release the doctor and staff from all legal responsibility that may arise from this authorization. By signing this form, I am consenting to the doctor and his/her staffs use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

I have read the Notice of the Uses and Disclosures of Protected health Information. I was informed that I might also obtain a printed copy of the notice from your receptionist. I hereby acknowledge that I viewed a copy of the notice.

Signature of Patient or Legal Guardian

Date

Print Name of Patient

Print Name of Legal Guardian