HIPAA CONSENT FORM / NOTICE OF PRIVACY PRACTICES

This is only a summary of our Notice of Privacy Practices. Please review the full Notice following this summary to learn how we use and disclose medical information about you and your rights concerning these uses and disclosures.

How We Use and Disclose Your Information

We will obtain your written authorization for any uses and disclosures of protected health information "PHI" not described in the Notice of Privacy Practices.

Treatment, Payment, and Health Care Operations. We may use your PHI in order to provide your medical care; to bill for our services and to collect payment from you or your insurance company; and for the general operation of our business.

Marketing and Sale of PHI. We will obtain your prior written authorization before sending you certain marketing communications. We will not sell your health information without your prior written authorization.

We may use your PHI as otherwise authorized or required by law for such purposes as:

- public health reporting and oversight activities
- judicial, administrative, or law enforcement proceedings
- complying with workers' compensation laws
- communicating with your family or caregivers
- sending appointment reminders

You Have the Right to:

- Request certain restrictions on our use and disclosure of your PHI.
- Request communications from us by specific means or locations.
- Inspect and copy your medical record.
- Ask us to correct the information in your medical record.
- Receive an accounting of disclosures of your PHI by our practice.
- Be notified in the case of a breach of unsecured PHI.

CONTACT US Contact our Privacy Officer with any questions, comments, or to exercise any of your rights.

Person (s) who can obtain medical information on my behalf (Elective, not required).

Name	Phone	Relationship

ACKNOWLEDGMENT: I have reviewed the above Notice of Privacy Practices.

_____ _____

Patient Name (please print) Date of Birth

_____ _____

Signature of Patient (or representative) Date of Service

Relationship to Patient: Self Parent Legal Guardian