

PATIENT CONSENT FORM

The Department of Health and Human Services has established a “Privacy Rule” which helps to ensure the privacy of Personal Health Information (PHI) and which provides a standard through which health care providers may obtain their patients’ consent for the use of their PHI to carry out treatment, payment, and other health care operations.

As our patient we want you to know that we respect your privacy and that we will do all that we can to secure and protect your personal medical records. In order to provide the highest quality of service, we may need to provide some information about a patient’s treatment, payment, and other health care operations to other interested parties. Entities through whom we have an indirect treatment relationships with you (such as laboratories, which only interact with physicians and not patients), may require us to disclose a patient’s PHI, which may be done without obtaining patient consent.

We fully support your right to review our privacy notice and to request restrictions or wholly revoke your consent at any time. You may issue a statement in writing wherein you refuse to consent to the use or disclosure of your PHI. However, the practice reserves the right to deny treatment should you refuse your consent. If you choose to give consent in this document, at some future time you may withdraw consent to the disclosure of all or part of your PHI. Actions taken by our practice which relied on this or any other previously signed consent may not be nullified.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

Print Parent’s Name _____ Signature _____ Date _____
Print Child’s Name _____ Child’s Date of Birth _____

COMPLIANCE ASSURANCE NOTIFICATION FOR OUR PATIENTS

The misuse of Personal Health Information (PHI) has been identified as a national problem which inconveniences and aggravates patients. In order to ensure that our practice never contributes in any way to this growing problem, we have implemented a compliance program. As a part of this program, all of our employees, managers, and doctors continually undergo training so that the practice remains in compliance with governmental rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPPA).

We strive to achieve the very highest standards of ethics and integrity in performing services for our patients. We realize, however, that we are not perfect. If an event occurs which you or any one else feels in any way compromises our integrity or quality of service, please let us know so that we may remedy the situation promptly.

Thank you for being one of our highly valued patients.