DIABETES & THYROID METABOLIC CLINIC

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HIPPA Compliance Patient Consent Form

Our Notice of Privacy provides information about how we may use or disclose protected health information. The notice contains a patients' rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent.

The Terms of the notice may change, if so, you will be notified at your next visit to update your signature/date.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment of healthcare operations. We are not required to agree with these restrictions, and if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act) law allows for the use of information of treatment, payment, or health operations.

By signing this form, you consent to our use and disclosure of your protected health information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By Signing this for, I Understand That:

- Protected Health Information may be disclose or used for treatment, payment, or healthcare operations.
- The Practice reserves the right to change the privacy policy as allowed by law.
- The Practice has the right to restrict the use of the information, but the practice does not have to agree to those restrictions.
- The Patient has the right to revoke this consent in writing at any time and full discourse will the cease.
- The Practice may condition receipt of treatment upon execution of this consent.

May we phone, email, or send a text to you to confirm appointment? YES NO
May we leave a message on your answering machine at home or cell phone? YES NO

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Patient Signature/Date