



417-832-1HIP www.ahipjoint.com

309 S. Jefferson Ave Springfield, MO 65806

A Hip Joint- HIPAA Form

Consent for Purposes of Treatment, Payments, & Healthcare Operations

In this document, "I" and "my" refer to the patient, and "A Hip Joint" refers to Practitioner and/or Therapist of A Hip Joint.

I consent to the use or disclosure of my protected health information by A Hip Joint for analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of A Hip Joint. I understand that analysis, diagnosis, or treatment of me by A Hip Joint may be conditioned upon my consent as evidenced by my signature below.

I understand that I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. A Hip Joint is not required to agree to the restrictions that I may request. However, if A Hip Joint agrees to a restriction that I request, the restriction is binding on A Hip Joint.

I have the right to revoke this consent, in writing, at any time, except that A Hip Joint action in reliance on this Consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. The protected health information relates to my past, present, or future physical or mental condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I have been provided with a copy of the Notice of Privacy practices of A Hip Joint and understand that I have a right to review the Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of A Hip Joint. The Notice of Privacy Practices for A Hip Joint is also posted in the waiting room at A Hip Joint. This Notice of Privacy Practices also describes my rights and duties of the practitioner with respect to my protected health information.

A Hip Joint reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office of A Hip Joint and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Printed Name of Patient

Date of Signing

Description of Personal Representative's Authority