

HIPAA CONSENT

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides privacy protections to you medical records. Our benefits office (or other third party designated by our office) may sometimes need to disclose medical information or payment information protected by HIPAA on a relation to our group health plans to your family members or close friends involved in your health care. For example, we may need to discuss your appointment or the treatment planned at such appointment with your spouse if you cannot be reached or are sedated. Under HIPAA, unless you specifically object, we are allowed to use our professional judgment in deciding whether to discuss your medical and payment information with your family member or close friends. However, we would like to provide you with the opportunity to tell us with whom we may discuss your medical or payment information with if necessary.

- You may communicate with the following individuals relating to my medical or payment information.

- Please do not discuss my medical or payment information with the following individuals.

- Please do not discuss my medical or payment information with anyone but me.

Patient Signature: _____ Date: _____