

# Barr Prosthetics & Orthotics

## (727) 447-2650

### HIPAA Compliance Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information.

The notice contains a patient's 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 on 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 or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The practice reserves the right to change the privacy policy as allowed by law.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent.

Barr Prosthetics & Orthotics has my permission to leave the following information:

	<u>Cell</u>	<u>Text</u>	<u>Home</u>	<u>Work</u>	<u>Email</u>
Appointment Information	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Billing Information	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Medical Information	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

I give permission to share information regarding appointment, medical and/or billing with the person(s) listed below:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

DOB: \_\_\_\_\_