



HIPAA Consent Form

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly or indirectly.

Obtain payment from third-party payers.

Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by you of your Notice of Privacy Practice containing a more complete description of the users and disclosures of my health information. I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time to obtain a copy of the current Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree, then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

I give permission to the staff at Legacy Health & Wellness to discuss my account information with the following people:

A copy of the Notice of Privacy Practices will be provided to you at your request

Patient name: _____ Date: _____

Signature: _____ Relationship to Patient: _____

Please indicate below the methods that this office may use to contact you:

You may contact me at my home telephone number	Yes	No
You may leave a message on my home answering machine	Yes	No
You may contact me on my cell phone	Yes	No
You may leave a message on my cell phone voicemail	Yes	No
You may contact me at my work telephone number	Yes	No
You may leave a message on my work voicemail	Yes	No
You may leave a message with another person at the home telephone number	Yes	No
You may leave a message with a co-worker	Yes	No
You may contact my emergency telephone number and leave a message	Yes	No