

ENT Family Clinic ~ Sinus and Snoring MD
HIPAA Consent Form



Our Notice of Privacy Practices provides information about how we may use or disclose your protected health information. The notice contains a patient’s rights section describing your rights under law. You establish that by your signature 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, 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, you consent to your use and disclosure of your protected healthcare 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 reactive.

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 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 all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent.

I acknowledge that I was provided with the Notice of Privacy Practices for Ear, Nose and Throat Family Clinic

Print Name of Patient: _____

Signature of Patient or Guardian: _____ Date: _____

Please answer the following questions below by circling your response:

May we contact you by phone, email, or text to confirm appointment? Yes No

May we leave a message on your answering machine at home or cell phone? Yes No

May we discuss your medical condition with any member of your family? Yes No

ENT Family Clinic may discuss my condition with the following people:

<u>Name</u>	<u>Relationship</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____