

HIPPA and Privacy Policies

\*\*Confidentiality\*\*

There is no guarantee of confidentiality under the following conditions:

\* As a mandated reported, if I suspect you are in imminent danger of harm to self or others, or a child or elderly person is being abused or neglected, I am required to communicate my suspicions to the appropriate governmental authorities. You agree to release me from any legal action resulting from such a report.

\* If a court orders a release of information

\* If you initiate a malpractice lawsuit, or a billing dispute with a financial institution

\* If your insurance company requests to review your case

\* If you pay by credit card, my name will appear on your credit card statement

\* If you do not pay your bill, your balance due statement (including diagnostic and procedural codes) may be sent to a collections agency or other responsible party

\* Between me and my administrative staff, or colleagues with whom I consult professionally

You consent to the use and disclosure of personal health information as outlines in the Notice of Privacy Practices as noted in HIPPA: 45 CFR 160-164 for the purpose of treatment, payments, and health care operations. You have the right to review the Notice of Privacy Practices (attached) prior to signing this consent. The notice may be changed at any time. The Notice also describes your rights with respect to the use of and disclosure of your private health information (PHI).

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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