

HIPAA Compliance and Consent Form

The Undersigned:

Patient: _____

Born on: _____

Resident of: _____

On April 14th, 2003 the new federal Health Insurance Portability and Accountability Act (HIPAA or “the Act”) became effective. The stated purpose of the Act is to protect the confidentiality and security of your health information through different privacy standards.

Our facility will do everything in its power to abide by the HIPAA regulations and respect the **privacy of your name and your medical information. We agree to refrain from using your name as a referral without your express written consent.** We will use our best efforts to keep your name and your medical information confidential.

We occasionally e-mail out appointment reminders, newsletters, and special offers to our clients. If you consent to receiving these communications by e-mail, please indicate by signing the consent form below. Please let us know if you have any questions. Thank you.

I have read and understand this HIPAA compliance and consent form. I hereby give my consent to the facility to send me appointment reminders, greeting cards, special offers, and newsletters in the mail. I do **not** give my consent to having my names used as a reference unless otherwise indicated.

Client Signature

Date

Witness

Date