



728 E. 67th Street | Savannah, GA 31405

The Health insurance Portability and Accountability Act (**HIPAA**)
Patient Consent Form

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. The notice contains a patient rights section describing your rights under the law. You have the right to review our notice before signing the consent. The terms of the notice may change. If our notice changes you may obtain a revised copy by contacting our office.

You have the right to restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do we shall honor that agreement.

By signing this form you consent to our use and disclosure of Protected Health Information about you for treatment, payment and health care operations. You have the right to revoke this consent in writing signed by you. However such a revocation shall not affect any disclosures we have already made in reliance on you prior to consent. The practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations.
- The practice and or the Facility have a Notice of Privacy Practices and that the patient has the opportunity to review the Notice.
- The Practice and or Facility reserve the right to change the Notice of Privacy Policies.
- The patient has the right to restrict the uses of their information but the Practice does not have to agree with those restrictions.
- The patient may revoke this consent in writing at any time and all future disclosures will then cease.
- The Practice and or Facility may commence treatment upon the execution of this Consent.

Consent signed by: _____

Date: _____

 Patient Name (printed)

 Patient Signature

Relationship to Patient if other than patient: _____

Witness:

 Witness Name (printed)

 Witness Signature