HIPAA Consent Form

I hereby consent to the use or disclosure of my protected health information (PHI) by Family Foot and Ankle Center, for the purposes of diagnosing or providing treatment to me, obtaining payment for my health care bills, or conducting health care operations (TPO) of FFAC. I understand that diagnosis or treatment of me by any FFAC physician or employee may be conditioned upon my consent as evidenced by my signature on this document.

I have the right to review the “Notice of Privacy Practices” prior to signing this consent form. FFAC reserves the right to revise its “Notice of Privacy Practices” at any time. A copy of the current “Notice of Privacy Practices” is available in each office of FFAC.

With this consent, FFAC may call my home or other alternative location and leave a message on voice mailor in person in reference to any items that assist in carrying out TPO, such as appointment reminders, insurance items, and any calls pertaining to my clinical care, including test results, among others. With this consent, FFAC may mail to my home or other alternate location any other items which assist the practice in carrying out TPO, such as patient statements. With this consent, FFAC may discuss my care with family members or others who participate claosely with my care.

With this consent, I grant FFAC the right to communicate with other health care providers who participate in my care, both to obtain and to disclose my protected health information (PHI).

I have the right to request that FFAC restricts how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my restrictions, but if the practice does agree, it is bound by them.

I have the right to revoke my consent in writing to the extent that FFAC has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or if I later revoke it, FFAC may decline to provide treatment to me.

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Signature of Patient or Legal Guardian Date

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Print Patient Name

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Print name of Legal Guardian, if applicable Relationship to Patient