# AUTHORIZATION and HIPAA PRIVACY NOTICE

## Consent To Release Information

Here at this office, we do not sell or release your information to third parties. There will be cases along the course of your care where information will need to be released in certain circumstances. You authorize this office to release to employer groups, government agencies (Medicare, Medicaid, Champus, State or Federal government, etc.), insurance companies, or other third-party payers and their agents, and its collection representatives and attorneys, the following "Client Information": medical history, diagnosis and procedures performed, course of treatment , plan of care. prognosis, supplies and/or such other information that may be requested for the purpose of determining eligibility and availability of Client's benefits, obtaining authorization/payment for Client's health care services, or billing and collection of amounts due to this office for services rendered. In the case of Client Information released for purposes of payment of Client Charges, this authorization shall be valid only for the period of time necessary to process payment claims. You agree to pay any Client Charges that are denied or are ineligible for medical reimbursement benefits as a result of your refusal or revocation of consent to disclose Client Information.

You further authorize any individual health care professional, including treating therapist, to provide this office or its designee with Client Information for quality assurance and, or risk management purposes. Finally, in the event that the Client's employer, or an insurance company representing such employer, requests Client Information relating to healthcare services provided for worker's compensation injuries, it is understood and agreed that this office is required, under state law, to release copies of such information to such employer or insurance company without the authorization of Client or Client's representative. Again, here at this office, we strive to provide you with the best care possible and in order to do that this consent is necessary.

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## HIPAA Privacy Notice Patient Acknowledgment

**Patient Acknowledgement and Receipt of Notice of Privacy Practices Pursuant to HIPAA and Consent for Use of Health Information**

I hereby state that by signing this Consent I acknowledge and agree as follows:

1) The undersigned does hereby acknowledge that he or she has received a copy of this office's Notice of Privacy Practices Pursuant to HIPAA and has been advised that a full copy of this office's HIPAA Compliance Manual is available upon request and that a copy of it is always available at the Front Desk.
2) The Practice's Privacy Notice has been provided to me prior to my signing this Consent and a copy of it has been shown to me at the Front Desk. The Privacy Notice includes a complete description of the uses and/or disclosures of my protected health information {"PHI") necessary for the Practice to provide treatment to me, and also necessary for the Practice to obtain payment for that treatment and to carry out its health care operations.
3) The undersigned does hereby consent to the use of his or her health information in a manner consistent with the Notice of Privacy Practices Pursuant to HIPAA the HIPAA Compliance Manual, State Law and Federal Law.
4) The Practice reserves the right to change its privacy practices that are described in its Privacy Notice, in accordance with applicable law.
5) The Practice's "Notice of Privacy Practices" is also provided in the reception area display table and on the Practice's web site. I may also request a copy from this office at any time via US Mail.

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This Notice of Privacy Practices also describes my rights and the duties of this office with respect to my protected health information.

**I have read and understand the foregoing notice, and all of my questions have been answered to my full satisfaction in a way that I can understand.**

**PRINTED Name of Client, Parent or Guardian:**_____

**SIGNATURE of Client, Parent or Guardian:** _____

**Date:** _____ **Relationship to Client:** _____