

**HIPAA & Confidentiality Form**

**HIPAA & Information Confidentiality**

The Health Insurance Portability and Accountability ACT of 1996 (HIPAA) established a “Privacy Rule” to help ensure that Personal Health Information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain client’s consent for use and disclosures of health information about the client to carry out treatment, payment, or healthcare operations.

As our client, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy.

We fully support your access to your personal medical records. Within our offices, as a multidisciplinary clinic, we may disclose personal health information to collaborating staff and/or clinicians for the purposes of treatment, payment or health care operations. However, without your consent we will not release Personal Health Information outside of our organization.

You may refuse to consent to the use or disclosure of your Personal Health Information, but this must be done in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose Personal Health Information. If you choose to give consent in this document, at some future time you may request to refuse all or part of your Personal Health Information. You may not revoke actions that have already been taken which relied on this or previously signed consent.

If you have any objections to this form, please ask to speak with one of our team members. You have the right to request restrictions and revoke consent in writing.

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Client’s Signature                      Client’s Printed Name                      Date

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Guardian’s Signature                      Guardian’s Printed Name                      Date