STEPHEN DELIA, M.D.
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PATIENT HIPAA CONSENT FORM

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide standards for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment, and/or health care operations.

As our patient, 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. When it is appropriate and necessary, we will release pertinent information as part of medical care, as well as pertinent information as part of a health-care expense claim—to include medical insurance, banking, finance companies and credit card companies.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with entities, such as laboratories, which only interact with physicians, and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your 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 a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing.

Patient Name Date

Signature