



## UROLOGICAL CONSULTANTS OF FLORIDA

### ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling phone: 305-672-4222 or by requesting one at this Practice's office.

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(Date)

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(Signature\*)

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(Print or Type Name)

\* If not the patient the personal representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

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(Signature)

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(Relationship)

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(Date)

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Patient was given a copy of the Notice of Privacy Practices, however, **refused** to read this notice at this time.

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(Employee)

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(Date)



## HIPPA CONSENT FORM

This consent form allows UROLOGICAL CONSULTANTS OF FLORIDA, P.A. to use and disclose information about me protected under the Health Insurance Portability and Accountability Act of 1996. This information may be used or disclosed to carry out treatment, payment or health care operations.

UROLOGICAL CONSULTANTS OF FLORIDA, P.A. has provided me with a Notice of Privacy Practices, which more completely describes such uses and disclosures. It provided this notice prior to my signing this form in accordance with my right to review its practices before signing consent.

I understand that the terms of the Notice of Privacy Practices may change and that I may obtain revised notices by mail or placing the update on our web site.

I understand that I have the right to request, now and in the future, how protected health information is used or disclosed to carry out treatment, payment and health care operations. I understand that while UROLOGICAL CONSULTANTS OF FLORIDA, P.A. may refuse me services if I refuse to sign this consent.

I understand that at any time I have the right to revoke this consent provided that I do so in writing, but that the services may still use information to complete any actions that it began prior to revoking consent and which rely on my protected health information.

I understand that UROLOGICAL CONSULTANTS OF FLORIDA, P.A. may refuse me further service if I revoke this consent.

Please print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **SUMMARY NOTICE OF PRIVACY PRACTICES**

We are required by federal law to provide a Notice of Privacy Practices that describes how health information that we maintain about you may be used or disclosed. The Notice describes each use and disclosure that we are permitted to make, and provides a description of your rights and our obligations under federal and state privacy laws.

### **USES AND DISCLOSURES:**

We are permitted to use and disclose your health information under a variety of circumstances. Sometimes we must obtain your authorization before we use or disclose that information, but in other circumstances we may use your information without your authorization and without informing you of the use or disclosure. Some of the reasons that we may use or disclose your information may include:

- To provide information about your health condition to others who may treat you.
- To provide information about the treatment that we provide in order to obtain payment from your health plan.
- To report a communicable disease, domestic violence or criminal activity.
- To comply with a court order requiring the disclosure of your medical record.

These examples are merely illustrative. For a full description of the uses and disclosures that we are permitted to make, consult the Notice of Privacy Practices.

### **YOUR RIGHTS:**

While the records that we maintain about you belong to us, under the federal privacy law you have a variety of rights with respect to the information maintained in those records. For instance, you have the right to access and copy the health information that we maintain about you and to request that we amend any of the information that you believe is incomplete or incorrect. Also, you may request that we provide you with a list of each disclosure that we have made of your health information. All of these rights are subject to some exceptions that are described fully in the Notice.

### **OUR OBLIGATIONS:**

We are required to provide you with our Notice of Privacy Practices and to abide by its terms. We may amend the Notice from time to time. All amendments apply retroactively.

Our full Notice of Privacy Practices is available at your request. If you have any questions or require additional information, please contact the Privacy Officer at the following number: 305-672-4222.