

BOCA RATON ORTHOPAEDIC GROUP, INC

HIPPA Consent Form

This consent form allows the BOCA RATON ORTHOPAEDIC GROUP, INC. 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.

BOCA RATON ORTHOPAEDIC GROUP, INC. 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 I have the right to request, now and in the future, how protected health information is used or disclosed to carry out treatment, payment or health care operations. I understand that while the BOCA RATON ORTHOPAEDIC GROUP, INC. is not required to agree to my requested restrictions, if it does agree, it is bound by that agreement.

I understand that the BOCA RATON ORTHOPAEDIC GROUP, INC. 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 my revoking consent and which rely on my protected health information.

I understand the BOCA RATON ORTHOPAEDIC GROUP, INC. may refuse me service if I revoke this consent.

I authorize the release of my medical information to: _____
(i.e.: family member, friend, attorney, etc.)

Please type or print name _____

Signature _____ Date _____