



Patient Consent Form HIPPA

The Department of Health and Human Services has established a “Privacy Rule” to help ensure that personal healthcare information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patient’s consent for use and disclosures of health information about the patient to carry out treatment, payment or health care operations.

As the caregiver of our patient we want you to know that we respect the privacy of your child’s personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect privacy. When it is appropriate and necessary, we provide the minimum information necessary to only those we feel are in need of your healthcare information regarding treatment, payment or health care options. This is done to provide healthcare that is in your best interest.

We also want you to know that we support your full access to your child’s personal medical records. You may refuse to consent to the use or disclosure of your child’s personal health information but this must be in writing. Under this law we have the right to refuse to treat your child should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document you may request to refuse all or part of your PHI in the future. You may not revoke actions that have already been taken which relied on this document or a previously signed consent.

Print Child's Name:

Caregiver Print Name:

Caregiver Signature:

Today's Date:
