Patient HIPPA Consent Form

Our notice of privacy practices provides information about how we may use and disclose protected health information about you. This notice contains a patient rights section describing your rights under the law. You have the right to review our notice before signing this consent. The terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting our office.

By signing this form, you consent to our use and disclose of protected health information about you for treatment, payment and healthcare operations. You have the right to revoke the consent in writing, signed by you. However such a revocation shall not affect any disclosers we have already made in reliance on your prior consent. The practice provides this for to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The practice has a Notice of Privacy Practices and that the patient has the opportunity to review this notice.
- The patient reserves the right to change the Notice of Privacy Policies.
- The patient may revoke this consent in writing at any time and future disclosures will then cease.

I authorize that your office contact me at (_____) _____- _____ and leave a generic voicemail.

I, _____ do herby grant permission to release of any and all information, written, and or verbal, regarding my medical condition, including, but not limited to: treatment, history, financial obligations, and responsibilities to the following:

Name: _____ Relation: _____ Phone # (_____)_____-_____

Name: _____ Relation: _____ Phone # (_____)_____-_____

Name: _____ Relation: _____ Phone # (_____)_____-_____

I have reviewed the Notice of privacy of Maninder Guram, MD which explains how medical information will be protected, used and disclosed, I understand that I am entitled to receive a copy of this document.

_____ _____ _____

Signature Printed Name Date