

# Gyn Care

## HIPAA PATIENT PRIVACY CONSENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, I hereby consent to Gyn Care (the "Practice") using or disclosing your Protected Health Information (PHI) for the purpose of providing treatment to me, obtaining payment for health care services rendered to me or to carry out the Practice's health care operations. I also consent to the Practice using or disclosing my PHI for treatment activities provided by another health care provider, as well as the payment activities conducted by another health care provider or entity. I further consent to the disclosure of my PHI in order for another provider or health care entity to conduct health care operations including quality assessment and reviewing the competence of health care professionals.

*Specific Records Expressly Included.* I expressly authorize of the following information for the purposes of treatment, payment and health care operations, if it is part of my protected health information:

Chemical Dependence/Substance Abuse  
(Drugs & Alcohol)  
Sexually Transmitted Diseases

I acknowledge the Practice has provided me with a copy of its Notice of Privacy Practices. I agree to comply with the policies and procedures set forth in our Notice of Privacy Practices. I understand that I have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on my prior consent.

\_\_\_\_\_  
Patient's Signature or Personal Representative

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Personal Representative's Printed Name (*if applicable*)

\_\_\_\_\_  
Description of Personal Representative's Authority

\_\_\_\_\_  
Date