

## **PATIENT CONSENT FORM**

The Department of Health and Human Services has established a “Privacy Rule” to help insure that personal health information is protected for privacy. The Privacy Rule also provides a standard for health care providers to obtain their patients’ consent. This consent is required for uses and disclosure of health information about the patient to carry out treatment, payment, or health care operations.

As a patient of Anne Arundel Orthopaedic Surgeons, we want you to know that we respect the privacy of your personal medical records and will do all we can to protect that privacy. We will only provide the minimum information necessary to those in need of your health care information including details about treatment, payment or health care operations.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, you may later request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Print Name: \_\_\_\_\_

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

(Expires two years from above date)

## **COMPLIANCE ASSURANCE NOTIFICATION FOR OUR PATIENTS**

To Our Valued Patients:

The misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation, and money. We want you to know that all of our doctors and employees continually undergo training so that they may understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the "Privacy Rule." We strive to achieve the highest standards of ethics and integrity in performing services for our patients.

It is our policy to properly determine appropriate uses of PHI according to governmental rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have started a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

Please call our office at 410-573-2530 if you have any questions. Should any problem arise, we will work with you to remedy the situation promptly. We welcome your input, and thank you for being one of our highly valued patients.

Anne Arundel Orthopaedic Surgeons, P.A.