SWEETWATER PULMONARY ASSOC.

Sandip Desai, M.D.

HIPAA COMPLIANCE PATIENT CONSENT FORM

OUR NOTICE OF PRIVACY PRACTICES PROVIDES INFORMATION ABOUT HOW WE, SWEETWATER PULMONARY ASSOCIATES MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION.

THE NOTICE CONTAINS A PATIENT'S RIGHTS SECTION DESCRIBING YOUR RIGHTS UNDER THE LAW. YOU ASCERTAIN THAT BY YOUR SIGNATURE, YOU HAVE REVIEWED OUR NOTICE BEFORE SIGNING THIS CONSENT.

THE TERMS OF THE NOTICE MAY CHANGE. IF SO, YOU WILL BE NOTIFIED AT YOUR NEXT VISIT TO UPDATE YOUR SIGNATURE AND DATE.

YOU HAVE THE RIGHT TO RESTRICT HOW YOUR PROTECTED HEALTH INFORMATION IS USED AND DISCLOSED. WE ARE NOT REQUIRED TO AGREE WITH THIS RESTRICTION, BUT IF WE DO, WE SHALL HONOR THIS AGREEMENT. THE HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996) LAW ALLOWS FOR THE USE OF THE INFORMATION FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS.

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- I ACKNOWLEDGE THAT I HAVE BEEN AFFORDED AN OPPORTUNITY TO READ THE NOTICE OF PRIVACY PRACTICES AND ASK ANY QUESTIONS.
- PROTECTED HEALTH INFORMATION MAY BE DISCLOSED OR USED FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS.
- THE PRACTICE RESERVES THE RIGHT TO CHANGE THE PRIVACY POLICY AS ALLOWED BY LAW.
- THE PRACTICE HAS THE RIGHT TO RESTRICT THE USE OF INFORMATION BUT THE PRACTICE DOES NOT HAVE TO AGREE WITH THOSE RESTRICTIONS.
- THE PATIENT HAS THE RIGHT TO REVOKE THE CONSENT IN WRITING AT ANY TIME AND ALL FULL DISCLOSURES WILL THEN CEASE.
- THE PRACTICE MAY CONDITION RECEIPT OF TREATMENT UPON EXECUTION OF THIS CONSENT.

MAY WE PHONE, EMAIL OR TEXT YOU TO CONFIRM APPOINTMENTS?	YES / NO
MAY WE LEAVE A MESSAGE ON YOUR VOICEMAIL AT HOME OR ON YOUR CELL?	YES / NO
MAY WE DISCUSS YOUR MEDICAL CONDITION WITH ANY MEMBER OF YOUR FAMILY?	YES / NO

PLEASE LIST THE NAMES OF PEOPLE WE MAY DISCUSS YOUR MEDICAL CONDITION WITH:

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PRINTED NAME SIGNATURE

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DATE WITNESS

SWEETWATER PULMONARY ASSOCIATES
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