

HIPAA DISCLAIMER

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in form, whether electronically, on paper, or orally, to be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

I DO wish to have additional information about my rights under HIPAA.

I DO NOT wish to have additional information about my rights under HIPAA.

print patient's name

patient's date of birth

signature
 patient parent or guardian

date