



MOUNTAIN MEDICAL GROUP

PATIENT CONSENT & ACKNOWLEDGMENT FORM

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) established a Privacy Rule to help insure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patient's consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations.

As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate or necessary, we provide the minimum necessary information only to those we feel are in need of your health care information regarding treatment, payment or health care operations, in order to provide health care that is in your best interest.

We may have indirect treatment relationships with you such as laboratories, pharmacies, etc. that interact with the physician and not the patient. We may have to disclose personal health information for purposes of treatment, payment, or health care operations to these entities.

You may refuse to consent to the use or disclosure of your personal health information, but this must be done in writing. Under this law, we have the right to refuse to treat you should you refuse to disclose your Personal Health Information. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

We are required by law to provide you with our Notice of Privacy Practices. By signing below you acknowledge receipt of the Notice and Agreement with this consent to use and disclose your Personal Health Information as described above.

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Print Patient Name

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Signature of Patient or Guardian

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Date