

HIPAA PATIENT NOTIFICATION AND CONSENT FORM

This is our Notice of Privacy Practices which provides information about how we may use and disclose protected health information about you. This Notice contains a Patient Rights section describing your rights under the law. You have the right to review this Notice before signing your Consent. The terms of this Notice may change. If we change this Notice, you may obtain a revised copy by contacting our office.

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 shall honor that agreement.

By signing this Notice, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent at a later time, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. The Practice provides this form to comply with the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**.

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations
- Mohandessi Psych, LLC, its members and agents have provided the patient with this Notice of Privacy Practices and the patient has the opportunity to review this Notice
- Mohandessi Psych, LLC reserves the right to change this Notice of Privacy Practices
- The patient has the right to restrict the uses of their medical information but Mohandessi Psych, LLC does not have to agree to those restrictions
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease
- Mohandessi Psych, LLC may condition receipt of treatment upon the execution of this Consent.

This Consent was signed by:

Patient Name—Print

Witness Name

Patient Signature Date

Signature Date

Relationship to Patient