Living Green Resource Center

HIPAA PRIVACY DISCLOSURE CONSENT

Our Privacy Pledge

While the law requires us to give you this disclosure, please understand that we will always protect the privacy of your health information.

Circumstances in which we may have to disclose your health care information:

- We may have to disclose your health information to another health care provider if it is necessary to refer you to them for testing or treatment
- We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of your services.
- We may need to use your health information within our practice for quality control or other operational purposes.

Your right to limit uses or disclosures

You have the right to request that we do not disclose your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your health information, please let us know in writing. We are not required to agree to your restrictions, however the restriction is binding on us if we do agree.

Your right to revoke your authorization

You make revoke your consent to us at anytime in writing. We will not be able to honor your revocation if we already released your health information before receiving your revocation. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

I have read your consent policy and agree to its terms. I would like a copy of this form:
___Yes ___No. If yes, I have received a copy: ___Yes ___No.

_____ _____

Printed Patient Name Patient or Guardian Signature

_____ _____

Provider Representative Date