

STAT SURGICAL

8715 Village Drive Ste. 608

San Antonio, TX 78217

Phone (210) 657-2100 Fax (210) 657-2110

The department of Health and Human Services has established the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This privacy rule is 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 patients consent for uses and disclosures of their Private Health Information which may also include any information regarding any accident/work injury. Please understand that this information can be used to:

- Conduct, plan and direct treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers/insurance carriers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

As our patients we want you to know that we respect the privacy of your personal medical records and we will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose Personal Health Information for purposes of treatment, payment, or health care operations.

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, you may restrict how your private information is used or disclosed to carry out treatment, payment or other healthcare operations. Under this law, we also have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI).

I HAVE READ AND UNDERSTAND THIS CONSENT. I MAY REVOKE THIS CONSENT IN WRITING AT ANY TIME.

Patient Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____