

HIPAA Authorization Form

Your privacy and your health information

The U.S. Department of Health and Human Services created the HIPAA "Privacy Rule" to help make sure personal health information is protected. It also sets a standard for how health care providers get patient consent to use and share health information for treatment, payment, and health care operations.

HOW WE PROTECT YOUR INFORMATION

- We respect the privacy of your health records and will do all we can to keep them secure.
- We share only the minimum information needed for treatment, payment, or health care operations, as allowed by law.
- We support your full access to your own health records.
- We may call you to confirm appointments, give reminders, or share instructions for your visit, **unless you ask us not to**.

YOUR RIGHTS

- You may refuse to consent to sharing your personal health information (PHI), but this must be **in writing**. Under this law, we have the right to refuse treatment if you do not sign.
- If you give consent, you may later take back (revoke) all or part of it. This cannot undo actions already taken based on this or an earlier consent.
- You have the right to review our Notice of Privacy Practices, to request restrictions, and to revoke consent in writing after reviewing it.
- If you object to anything on this form, please ask to speak with our **HIPAA Compliance Officer**.

If you have a concern, please tell us so we can address it quickly.

☐ **I have reviewed the Cottonwood Endodontics, P.C. Notice of Privacy Practices.**

Patient name (please print)

Signature of patient or parent/legal guardian/representative

Date

If signed by someone other than the patient, relationship to patient

PEOPLE I ALLOW TO ACCESS MY MEDICAL INFORMATION

Name

Relationship

Name

Relationship