

## **HIPPA Disclosure**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. Protected Health Information (PHI) may originate in your medical record at Location/Provider or may be received from outside health entities and filed in your medical record. I understand that this information can and will be used to (a) Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly (b) Obtain payment from third-party payers (c) Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by you of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may obtain a current copy of the Notice of Privacy Practices from my local office or by contacting the Privacy Officer at 3140 Legacy Drive Suite 210 Frisco, Texas 75034.

I understand that I may request in writing that you restrict how my private information is used disclosed to carry out treatment, payment or health care operations. I also understand or you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions. I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.