ELITE RHEUMATOLOGY
AND ARTHRITIS CENTER
WE LISTEN. WE DIAGNOSE. WE HEAL.

HIPAA Compliance Patient Consent

Our notice of privacy practices provides information about how we may use or disclose protected health information.

The notice contains a patient's rights section describing your rights under the law. You acknowledge that by your signature that you have reviewed our notice before signing this consent.

The terms of the notice may change, if so, you will be notified on your next visit to update your signature.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment, or healthcare operations. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for use of the information for treatment, payment or healthcare operations.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment or healthcare operations
- Sunshine Specialty Health Care reserves the right to change the privacy policy by law
- Sunshine Specialty Health Care has the right to restrict the use of the information but does not have to agree to those restrictions
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease
- Sunshine Specialty Health Care may condition receipt of treatment upon execution of this consent

May we phone, email, or send a text to you to confirm appointments? YES NO
May we leave a voicemail? YES NO

Please list who we may discuss medical information with:

_____

_____

Patient Name: _____ **Signature:** _____

Date: _____