

Tepeyac Family Center
11135 Lee Highway, Fairfax, VA 22030
703-273-9440 Fax: 703-273-9445
703-273-9441

Consent Agreement

The **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** does not require that health care providers obtain a consent agreement as it relates to the use and disclosure of individually identifiable health information (**IIHI**), but many practices will continue to use the **Consent Agreement** for other purposes.

Though not necessary to have your consent to allow us to use or disclose your **IIHI** to others who will treat you or support in providing you quality health care services, it is important to have your consent to use or disclose your **IIHI** to health care plans to insure accurate and timely payments for the services rendered. The law requires that we inform you of our policy regarding the protection of your **IIHI** through our **Privacy Notice**. Please refer to our **Privacy Notice** for a full explanation of how this office will protect your individually identifiable health information (**IIHI**).

Thank you for your continued confidence in our practice and for supporting our new requirements.

The following is a statement that allows us the necessary latitude to work within the new requirements.

I, _____, have been presented with a **Privacy Notice** explaining my rights regarding my individually identifiable health information (**IIHI**). I consent to the use and/or disclosure of my **IIHI** for purposes of treatment, payment, or other health care operations (TPO). Other uses of my **IIHI** will require an authorization from me for the specific intention of disclosure.

Patient: _____ Date: _____

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HIPAA Release Form

As of April 2003, the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** now requires that written authorization be gained before the healthcare providers or staff may release your individually identifiable health information (**IIHI**) to a third party, even if that third party is a family member or other individual closely associated with you. This means that all information, whether it be medical, financial, or circumstantial may not be released to or discussed with anyone, including your spouse, unless previously authorized in writing by you.

In compliance with the April, 2003 amendments to the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, this office has provided the following form. The **HIPAA Release Form** will enable the healthcare providers and staff to protect your **IIHI** more fully, and control to whom your **IIHI** is released, as approved by you.

Therefore, this office asks that you complete the following **HIPAA Release Form**. You are not required to answer affirmatively to any of the following questions, but this office does ask that you indicate an answer, either affirmative or negative, to assist us in complying with the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**.

Thank you.

May the Tepeyac Family Center release your medical and financial information to relatives or friends? _____

If so, to whom? Please list name and relationship of person/persons:

1. _____
2. _____
3. _____

May the Tepeyac Family Center call you at your office? _____

May the Tepeyac Family Center leave messages on your office answering machine? _____

May the Tepeyac Family Center leave messages with a co-worker? _____

If so, with whom?

1. _____

May the Tepeyac Family Center call you at your home? _____

May the Tepeyac Family Center leave messages on your home answering machine? _____

May the Tepeyac Family Center leave messages with a house-mate? _____

If so, with whom?

1. _____
2. _____

Signature

Date: _____