



TruCare Internal Medicine & Infectious Diseases

Protected Health Information Privacy Act Privacy Policy Consent

The "Health Insurance Portability and Accountability Act" of 1996 (HIPAA) is designed to protect the privacy of your medical records, or "Protected Health Information" (PHI). By signing this document, you are acknowledging that you have read and understand the privacy policy given to you by TruCare Internal Medicine & Infectious Diseases (TruCare). This authorization will remain in effect until it is revoked in writing.

I understand that my protected health information may be used and disclosed to carry out treatment, payment, or health care operations.

I understand that I have the right to read, review, and be explained to, the privacy practices before signing this consent.

I understand that the terms of this privacy statement may change as described in this notice, and that I have the right to be notified of these changes.

I understand that I have the right to request a restriction on how my protected health information is used or disclosed to carry out treatment, payment or health care operations, however a covered entity (Trucare) is not required to agree to restrictions. If Trucare does agree to this request, the request is binding.

I understand that I have the right to revoke the consent in writing except to the extent that TruCare has acted during the time frame when the release was intact.

By signing this document, you acknowledge that you have read and understand the privacy policy given to you by the staff at TruCare. This authorization will remain in effect until it is revoked in writing.

Patient Name: _____
(print)

DOB: _____

Patient/Representative signature: _____

Date: _____

Date Signature is Revoked: _____

Witness: _____



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