



Your Acknowledgment of HIPAA and The Privacy Policy

By signing this form, you (the patient or patient representative) have been informed of the Privacy Notice that is in place at this time and understand the terms within it, as well as the right of the healthcare professionals to change these terms at any time.

By signing this form, you (the patient or patient representative) consent to the use and disclosure of the protected health information.

By signing this form, you (the patient or patient representative) understand

- Information may be disclosed or used for treatment, payment, or healthcare operations
- You have the right to restrict use of your information as long as it is permitted by law.
- The practice has the right not to agree to those restrictions set by you as long as it is permitted by law.
- You have the right to revoke this consent in writing at any time knowing it will not be retroactive.
- You have the right to request your medical records and that the practice has 30 days to respond to the request.

By signing this form, you (the patient or patient representative) give Huntsville Renal Clinic P.C. permission to follow the communication preference form as well as the contact information form that was completed by you.

By signing this form, you (the patient or patient representative) give Huntsville Renal Clinic P.C. consent to share your information with any other providers, clinics, or facilities that may already be involved, may become involved, or may be deemed necessary in your care by the healthcare professionals at Huntsville Renal Clinic P.C.

By signing this form, you (the patient or patient representative) agree to Huntsville Renal Clinic P.C. HIPAA and Privacy Policy and understand this consent stands in place unless revoked by you in writing.

Print _____

_____ Date

Signature _____