

CONSENT FORM AND NOTICE OF PRIVACY PRACTICES

Obtaining patient consent is a requirement for health care providers under the HIPAA Privacy Rule. Direct providers are required to obtain a patient's signed consent before proceeding with any form of treatment, payment or health care operations.

You are advised to read the CFP Notice of Privacy Practices to help familiarize yourself with your rights under HIPAA. They are posted in the waiting room and copies are available upon request.

The patient has the right to revoke this consent, in writing, at any time except to the extent that CFP has already taken some actions in reliance on the consent.

I understand and consent to use of my protected health information concerning my treatment, account payment, or other health care operations necessary for CFP to continue my care until I provide written notice. I am aware I can request restrictions, in writing, such as to dates, specific medical conditions, or designated representatives to which my doctor may or may not be required to abide by.

Specific limited requests (list or state none): _____

Signature: _____ Date: _____

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By my signature below, I acknowledge I have received or read the Notice of Privacy Practices for CFP. Check one:

- I choose to take a copy of the Notice with me or
- Read the posted Notice of Privacy Practices.

Signature: _____ Date: _____