

**Tampa Office**  
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## **HIPAA Patient Consent Form**

The federal government requires all medical offices to make patients aware that they have rights regarding the use of their personal health information. Our Notice of Privacy Practices is available for your review at the front desk. By signing this form, you consent to our use and disclosure of protected health information according to the Notice of Privacy Practices available to you at our front desk. You have the right to revoke this consent at any time, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior consent. Active Orthopedics, LLC provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operation. This request must be done in writing. Whenever possible we will honor your request.

The patient understands that:

- We will not release information to any future doctor, attorney, life insurance company, workman's comp company without your written consent
- Protected health information may be used for treatment through one of your current doctors (such as your primary care physician or a specialist referral), payment with your insurance company, or healthcare operations within our office
- Active Orthopedics, LLC has a Notice of Privacy Practices that is available for review
- Active Orthopedics, LLC reserves the right to change the Notice of Privacy Practices
- The patient has the right to restrict the use of their information, but Active Orthopedics, LLC does not have to agree to these restrictions if, for example, it interferes with payment, daily operations, or providing quality health care
- The patient may revoke this consent in writing at any time and all future disclosures will then cease
- Active Orthopedics, LLC may condition treatment upon the execution of this consent (for example, you may be required to pay for your visit at the time of service)

**Omnibus Final Rule**- *Final modifications to the HIPAA Privacy, Security and Enforcement Rules mandated by the Health Information Technology for Economic and Clinical Health (HITECH) Act, are as follows:*

- You have the right to be notified of a protected health information breach.
- You have the right to ask for a copy of your electronic medical record in an electronic form.
- You have the right to opt out of fundraising communications for The Woodruff Institute.
- Active Orthopedics, LLC cannot sell your health information without your permission.
- Certain uses of your medical data, such as use of patient information in marketing, require prior disclosure and your authorization. Uses and disclosures not described in the Notice of Privacy Practice will only be made with your authorization.
- If you pay in full for services out-of-pocket, you can instruct Active Orthopedics, LLC not to share information about your treatment with your health plan.

I \_\_\_\_\_ grant authorization for Active Orthopedics, LLC and its associates to disclose information regarding my  
Patient Name diagnosis and or treatment to (via in person or by phone)

\_\_\_\_\_  
Authorized person (s)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Patient or Patient Representative

\_\_\_\_\_  
Signature Date