

HIPAA Disclosure and Consent

HIPAA Compliance Patient Consent Form (Required by the Health Insurance Portability and Accountability Act – 45 CFR Parts 160 and 164)

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information.

The notice contains a patient’s rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent.

The terms of the notice may change, if so, you will be notified at your next visit to update your signature/date.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The practice reserves the right to change the privacy policy as allowed by law.
- The practice has the right to restrict the use of the information but the practice does not have to agree to those restrictions.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent.

I authorize Radiant Health Weight Loss and Wellness and its providers to use and or disclose any medical information necessary to providers requesting consultation, laboratory and imaging services, and family or caretakers as I indicate using an appropriate Release of Information Form.

A full copy of the notice of privacy practices can be printed for you when you arrive to the office.

The privacy compliance officer of Radiant Health Weight Loss and Wellness is Dr. Richa Mittal and she can be reached at 469-294-3501.

Signature of Patient or Patient Authorized Representative

Printed name of Patient/Representative

I acknowledge that all items on this form have been completed by me. I have read and reviewed (or had the opportunity to read) the HIPAA Statement and understand my privacy rights as a patient.

Signature of Patient or Patient Authorized Representative

Printed name of Patient/Representative