



HIPAA Consent

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With My Consent, Family Care Southwest P.C. (FCSW), may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Family Care Southwest’s Notice of Privacy Practices for a more complete description of such uses of disclosures.

I have the right to review the Notice of Privacy Practices before signing this consent. FCSW reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to *Family Care Southwest Privacy Officer at Swedish Healthpark Southwest, 6169 S. Balsam Way, Suite 250, Littleton, CO 80123.*

With my consent, FCSW may call my home or other designated location, and leave a message on voice mail or in person, in reference to any items that assist the practice in carrying out my treatment, payment, and healthcare operations; such as appointment reminders, insurance items, and any call pertaining to my clinical care, including laboratory results.

With my consent, Family Care Southwest may mail to my home or other designated location any items that assist the practice in carrying out TPO; such as an appointment reminder cards and patient statements, as long as they are marked *Personal and Confidential*. I have the right to request that Family Care Southwest, P.C. restrict how it uses or discloses my protected health information (PHI) to carry out my TPO.

By signing this form, I am consenting to Family Care Southwest, P.C.’s use and disclosure of my protected health information to carry out my treatment, payment and healthcare operations.

I may revoke my consent in writing except to the extent that the practice has already made disclosure based on my prior consent. FCSW requires written consent before providing treatment to patients.

Date

Signature of Patient

Signature of Legal Guardian

Printed Patient Name

Printed Legal Guardian Name