

HIPPA Model Patient Privacy Acknowledgment Form

This is an acknowledgment of privacy practices model for the purpose of Treatment, Payment and Healthcare Operations as specified in the HIPPA Privacy Rules

I consent to the use or disclosure of my protected health information by Todd Mirzai, MD, LLC for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Todd Mirzai, MD, LLC. I understand that diagnosis of treatment of me by Todd Mirzai, MD and/or Dr. Bao Phan may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice.

Todd Mirzai, MD, LLC is not required to agree to the restrictions that I may request. However, if Todd Mirzai, MD, LLC agrees to a restriction that I request, the restriction is binding on Todd Mirzai, MD, LLC and Todd Mirzai, MD/Bao Phan, MD.

I have the right to revoke this consent, in writing, at any time, except to the extent that Todd Mirzai, MD and/or Dr. Bao Phan or Todd Mirzai, MD, LLC has taken action in reliance on a government agency directive as outlined in the Notice of Privacy Practices.

My “protected health information” means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health care information related to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information might identify me.

I understand I have the right to review Todd Mirzai, MD, LLC Notice of Privacy Practice prior to signing this document. The Todd Mirzai, MD, LLC’s Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types and uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of the Todd Mirzai, MD, LLC.

The Notice of Privacy Practices for Todd Mirzai, MD, LLC is also provided in the HIPPA Compliance Manual. This Notice of Privacy Practices also describes my rights and the Todd Mirzai, MD, LLC duties with respect to my protected health information

Todd Mirzai, MD, LLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by accessing the Todd Mirzai, MD, LLC website, calling the office and requesting a revised copy to be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Legal Representative (PARENT)

Name of Patient and Legal Representative

Date