

# DESCHUTES RHEUMATOLOGY

## Notice of Privacy Practices/HIPAA

Deschutes Rheumatology Notice of Privacy Practices gives information about how Deschutes Rheumatology may use and release protected health information about you.

I understand that:

- I have the right to receive a copy of Deschutes Rheumatology Notice of Privacy Practices.
- I may request a copy at any time.
- This notice may be revised.
- I am entitled to a copy of any revised Notice of Privacy Practices.

By signing below, I acknowledge the above and that I have received or have been offered a paper copy of Deschutes Rheumatology's Notice of Privacy Practices.

By signing below, I agree to receive medical care from Deschutes Rheumatology.

I understand that:

- This consent to treatment will be in effect as long as I am seen at Deschutes Rheumatology.
- I may cancel this consent in writing, except for the information that is already used or disclosed.

### **CONSENT TO DISCLOSURE OF PROTECTED HEALTH INFORMATION:**

By signing this form, I understand and agree that Deschutes Rheumatology may use or release my protected health information for purposes of:

- Providing Treatment;
- Payment;
- Healthcare operations;
- As is reasonably necessary to comply with any court order, subpoena, or any other legal requirement(s) or regulation(s) as long as a separate authorization is not required under HIPAA regulations; or
- As in otherwise permitted under HIPAA regulations. I have the right to request a restriction of how my protected health information is used.

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(SIGNATURE)

(DATE)