

**San Francisco Surgical Medical Group
Patient Privacy Consent**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), established a “privacy rule” to help insure that personal health care information is protected.

As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. When it is necessary, we provide the minimum necessary information to those who are in need of your health care information regarding:

- Treatment
- Payment
- Health Care Operations

By signing below you are acknowledging that we have informed you of our policy and that you consent to the limited sharing of your Personal Health Information for the purposes listed above.

You may refuse to consent to the use or disclosure of your personal health information but this must be done in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to permit us to disclose your Personal Health Information. If you choose to give consent in this document, at some future time you may revoke permission to disclose all or part of your Personal Health Information. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

Print Name

Date

Signature