Commons CLINIC

Surgery Center of Long Beach

HIPAA Consent

2880 Atlantic Avenue, Suite 160 Long Beach, CA 90806-1715 Phone: (562) 988-9566 Fax: (562) 988-7863

Health Insurance Portability and Accountability Act of 1996 Consent

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that the Surgery Center of Long Beach may use the information as:

• A basis for planning my care and treatment • A means of communication among many health professionals who contribute to my care • A means in which third-party payors can verify that services billed were actually provided • A tool for routine healthcare operations such as assessing quality and reviewing the competence of health care professionals.

I have been informed that the Notice of Privacy Practices, containing a more complete description of the uses and disclosures of my health information, is available for my viewing prior to signing this consent. I understand that the surgery center reserves the right to change its notice and practices, and that I can obtain a revised copy at any time.

I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry our treatment, payment, or other healthcare operations. I also understand that the surgery center is not required to agree to such restrictions; however, if the surgery center does agree to such restrictions, they must comply. I understand that I may revoke these restrictions in writing, except to the extent that the surgery center has already taken action in reliance to it.

I request the following restrictions to the use or disclose of my health information:

Requested restrictions to the use or disclosure of my health information

Patient / Representative Signature _____

Date _____

Representative's Printed Name _____

Relationship to Patient _____