

HIPAA Consent

Consent for Release of Information for Treatment, Payment, and Health Care Operations
The Health Insurance Portability and Accountability Act (HIPAA) requires that EON Clinics make available to you a description of how medical information about you may be used or disclosed and how you can get access to this information. This is called the Notice of Privacy Practices and copies are available on the receptionist's desk and waiting room. I acknowledge that a copy of this notice has been made available to me.

Initial			
In addition to our use of your health information for treatment, payment or healthcare operations you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.			
I,, authorize EON Clinics to use or disclose to carry out my treatment, obtain payment, and for health care operations.	my healtr	n inforr	mation
In addition to the above, I authorize the following:			
1. My medical condition and information may be discussed with the following Name Relationship Relationship			
2. Leave a message on my phone voicemail or answering machine?	Yes	No	
3. Leave a message with a person who answers my home phone?	Yes	No	
4. Receive mail at home from EON Clinics other than billing statements?	Yes	No	N/A
5. Contact me at work and tell them who is calling if asked?	Yes	No	N/A
6. Leave a message on my work phone voicemail or answering machine?	Yes	No	N/A
Signature of Patient (or patient's representative) Date			
Printed Name of Patient (or patient's representative)			
Poprosontativo's Polationship to Patient			