



## HIPAA NOTICE OF INFORMATION PRACTICES

### CONSENT FORM

Our Notice of Information Practices provides information about how we use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. Northwest Colorado Health provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that:

- Protected health information may be disclosed or used for treatment, payment or health care operations (TPO).
- Northwest Colorado Health has a Notice of Information Practices and that I was given the opportunity review this Notice.
- Northwest Colorado Health reserves the right to change the Notice of Information Practices.
- I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out TPO but that Northwest Colorado Health is not required to agree to these restrictions. I understand that I may revoke this Consent in writing at any time and full future disclosures will then cease.