

## HIPAA Consent

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides privacy protections to your medical records.

Our benefits office (or other third party designated by our office) may sometimes need to disclose medical information or payment information protected by HIPAA in relation to our group health plans to your family members or close friends involved in your health care.

Under HIPAA, unless you specifically object, we are allowed to use our professional judgment in deciding whether to discuss your medical and payment information with your family members or close friends.

However, we would like to provide you with the opportunity to tell us with whom we may discuss your medical or payment information under our group health plans.

**You may communicate with the following individuals relating to my medical or payment information:**

X \_\_\_\_\_  
Patient Name

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Parent/Guardian Signature