

# Marsh Dermatology

## HIPAA CONSENT AGREEMENT

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) does not require that health care providers obtain a consent agreement in order to the use and disclose individually identifiable health information (IIHI) as long as it is only shared with others who are treating you or supporting us in providing you quality health care.

However, it is important to have your consent to allow us to use and/or disclose your IIHI to health care plans to ensure accurate and timely payments for the services we render. The law requires that we inform you of our policy regarding the protection of your IIHI through our Privacy Notice. Please refer to our Privacy Notice (this document is available from the front desk) for a full explanation of how this office will protect your individually identifiable health information (IIHI).

The following is a statement that allows us the necessary latitude to work within these requirements:

“I have been offered an opportunity to review a Privacy Notice and I understand my rights regarding individually identifiable health information (IIHI). I consent to the use and/or disclosure of my IIHI for purposes of treatment, payment or other health care operations (TPO). Other uses of my IIHI will require an authorization from me for the specific intention of disclosure.”

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_