



HIPPA PATIENT CONSENT FORM

Our Notice of Privacy Practices provides information about how we may 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 HIPAA officer at (303)474-4436.

MAD Peaches provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations.
- MAD Peaches has a Notice of Privacy Practices posted for patient review.
- MAD Peaches reserves the right to change the Notice of Privacy Practices.
- The patient has the right to restrict the uses of their information but MAD Peaches does not have to agree to those restrictions.
- The patient may revoke the Consent in writing at any time and all future disclosures will then cease. However, such a revocation shall not affect any disclosures we have already made in the reliance on you prior to Consent.
- MAD Peaches may condition receipt of treatment upon the execution of this Consent.

This Consent was read by:

(Printed Name)

DOB

(Signature)

Date