# HIPAA Consent Agreement
## Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I understand that as part of my healthcare, **BlueCrane Acupuncture Clinic** originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment.

I understand that this information serves as:

- a basis for planning my care and treatment
- a means of communication among the many health professionals who contribute to my care
- a source of information for applying my diagnosis or my insurance bill
- a means by which a third-party payer can verify that services billed were actually provided
- and a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided with a ***Notice of Information Practices*** that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent.

I understand that BlueCrane Acupuncture reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I've provided.

I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the BlueCrane Acupuncture Clinic is not required to agree to some restrictions requested.

I understand that I may revoke this consent in writing, except to the extent that the BlueCrane Acupuncture Clinic has already take action in reliance thereon. I request **the following restrictions** to the use or disclosure of my health information:

_________________________________________________________________

_________________________________________________________________

Signature of Patient or Legal Representative Witness
____Accepted ______ Denied

Signature______________________________
Date: _________________________________