



Opportune Acres

HIPAA Compliance Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information. The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment, or healthcare operations. We are not required to agree to this restriction, but if we do, we shall honor it. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.*
- The practice reserves the right to change the privacy policy as allowed by law.*
- The practice has the right to restrict the use of the information, but the practice does not have to agree to those restrictions.*
- The patient has the right to revoke this consent in writing at any time, and all full disclosures will then cease.*
- The practice may condition receipt of treatment upon execution of this consent.*

I permit Opportune Acres to discuss my medical condition with the following people:

This consent was signed by: _____

(PRINT NAME PLEASE)

Signature: _____ *Date:* _____

Witness: _____ *Date:* _____



Email

hello.opportuneacres@gmail.com



Phone

402-469-8415



Address

1805 E 26 Rd. Marquette, NE 68854