

MERCED MRI MEDICAL GROUP
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El Portal Imaging Center– Fountain View Ultrasound

PRIVACY CONSENT FORM

The Department of Health and Human Services has established a “privacy rule” to help ensure that personal healthcare information is protected for privacy. HIPAA (Health Insurance Portability and Privacy Act of 1996) was created in order to provide a standard for healthcare providers to obtain their patient’s consent for uses and disclosures of health information about the patient to carry out treatment/healthcare operations and receive payment.

As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect your privacy, When appropriate we provide the minimum necessary information to only those we feel are in need of your healthcare information. This includes information about treatment, payment, and/or healthcare operations in order to provide healthcare that is in your best interest.

We also want you to know that we support your full access to your personal medical record. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment or healthcare operations.

You may refuse to consent to the use of disclosure of your personal health information, but this must be in writing. Under this law, if you refuse to disclose our personal health information (PHI), we have the right to refuse to treat you. If you choose to give consent by signing this document, at some future time, you may revoke this consent, in writing, except to the extent action has been taken to that date.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Office. You have the right to review our privacy notice, to request restrictions, and revoke consent in writing.

Print Name

Signature

Date