

Main Street Medical Center

369 N. Main Street Crestview, FL, 32536 · Office (850) 398-6963 · Fax (850) 398-8277

PRIVACY POLICY

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) this practice may use your personal health information for the purposes of treatment, payment, or health care operations only. The specific uses and disclosures that we intend to make are described in our privacy policy. You have the right to review our privacy policy prior to signing this consent form. You may request that certain restrictions on the uses and disclosures described in the privacy policy. If you request any restrictions, please list them in the appropriate section below:

Consent Section:

I, _____, hereby consent to the use and disclosure of my personal health information for the purposes of treatment, payment, and healthcare operations. My signature below indicates that I have been given the opportunity to review the *Privacy Policy of Main Street Medical Center*, which is located in the lobby or available in paper format.

Restriction Request:

I hereby request the following restrictions to the use and disclosure of my health information: Please describe in detail anyone who **IS NOT** allowed information.

Please list below the individuals who will be allowed permission to discuss your health information:

NAME	RELATIONSHIP

Patient Printed Name

Date

Patient Signature