



HIPAA Consent

CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

1. **Permission to Use and Disclose My Health Information.** By signing this form, I give Complete Pulmonary Rehab (CPR), permission to use and/or disclose my health information to carry out treatment, payment or health care operations.
2. **Right to Refuse.** I have the right not to sign this consent. If I refuse to sign this consent, CPR will not provide me with treatment until I consent. However, treatment required by law, such as emergency care, can be provided to me whether or not I sign this consent.
3. **Right to Review Notice of Privacy Practices.** CPR has provided me with a copy of their notice of Privacy Practices which describes how they may use and disclose my health information. I have the right to review this notice before signing this consent.
4. **Changes to the Privacy Notice.** CPR may change the Notice of Privacy Practices as needed. I may obtain a current copy of their notice of Privacy Practices by contacting Complete Pulmonary Rehab at the address listed at the top of this document.
5. **Right to Request Restrictions on Use/Disclosure.** I have the right to request that CPR restrict how they use and/or disclose my protected health information for the purpose of providing treatment, obtaining payment for services, and/or conducting health care operations. CPR is **NOT** required to agree to any restriction I request. If CPR does decide to agree to my request, they must restrict their use and/or disclosure of my health information the way I asked. Because of the number, complexity, and nature of the services they deliver, CPR will rarely agree to requests to restrict uses and disclosures of my health information for the purposes of treatment, payment, and healthcare operations. If I wish to request restrictions I can contact CPR, they will notify me of their decision to accept or decline my restrictions.
6. **Right to Withdraw Consent.** I have the right to withdraw this consent at any time. I must do this in writing. If I want to withdraw this consent, I can contact Complete Pulmonary Rehab at the address listed at the top of this document. Note that my withdrawal of this consent will **NOT** be effective for uses and/or disclosures that have already been made based on my prior consent. If I withdraw this consent, then Complete Pulmonary Rehab, by law, is unable to provide to me further treatment or follow-up, other than required emergency services.
7. **Effective Period.** This consent is good unless and until I withdraw it in writing.

Patient Signature

Date