

R e n o V e i n C l i n i c

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CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Use and Disclosure of Your Protected Health Information

Your protected health information will be used by Reno Vein Clinic and Surgery Center or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

Notice of Privacy Practices

You should review the Notice of Privacy Practices for a more complete description of how your protected health information may be used or disclosed. You may review the notice prior to signing this consent.

Requesting a Restriction on the Use or Disclosure of Your Information

You may request a restriction on the use or disclosure of your protected health information.

Reno Vein Clinic and Surgery Center may or may not agree to restrict the use or disclosure of your protected health information.

If Reno Vein Clinic and Surgery Center agrees to your request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the Federal privacy standards.

Revocation of Consent

You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

Reservation of Right to change Privacy Practices

Reno Vein Clinic and Surgery Center reserves the right to modify the privacy practices outline in the notice.

Signature

I have reviewed this consent form and the Notice of Privacy Practice (if requested) for Reno Vein Clinic and Surgery Center. I give my permission to use and disclose my health information in accordance with it.

How to file a HIPAA Complaint

Complaints must be filed in writing, either on paper or electronically, by mail, fax, or e-mail and sent to the OCR regional office. Name the covered entity involved and describe the acts or omissions you believe violated the requirements of the Privacy or Security Rule; and complaints must be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause".

Name of Patient (print please)

Signature of Patient

Date