

Mark W. Hinman M.D., LLC  
1350 Tulip Street  
Longmont, CO 80501

**RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment);
- Obtaining payment from third party payers (e.g. my insurance company);
- The day-to-day healthcare operations for your care in our practice and other practices involved in your healthcare, which may include electronic prescriptions, Colorado Immunization Registry, CORHIO (Colorado Regional Health Information Organization), health information exchange database and quality care indicators as requested by your insurance.

I have also been informed of, and given the right to review and secure a copy of your Notice of Privacy Policies, which contains a more complete description of the uses and disclosures of my protected health information, and my rights under HIPAA. I understand that you may reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment, and health care operations, but that you are not bound to comply with this restriction. However, if you do agree, you are bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Print Patient Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_