Patient Consent for the Release of Protected Health Information

Tucson Gastroenterology Specialists, PC (TGS) is requesting (Patient) _____ to provide consent to release confidential healthcare information to _____ for the purpose of medical care (all medical information, billing, etc.) when providing needed healthcare services or healthcare operations.

Conditions:

- **The patient understands that their information is to be used for treatment, payment, or healthcare options.**
- **The patient understands that their healthcare information may disclosed to other healthcare providers for the purpose of treatment, payment or for healthcare operation.**
- **The healthcare organization reserves the right to either honor or dismiss the patient's request to limit the use of the patient's healthcare information.**
- **This consent is between: Tucson Gastroenterology Specialists (TGS), and _____ (patient)**
- **This consent be revoked, but the request must be in writing.**
- **Additional information can be provided by reading TGS' privacy notice**
- **This consent form will be maintained by TGS for six (6) years.**

Signatures:

Patient: _____ Date: _____

TGS Representative: _____ Date: _____

HIPAA Acknowledgement of Notice of Privacy Practice:

Our notice of privacy practices provides information about how we may use and disclose protected health information about you. We are required by law to maintain the privacy of your health information and make every effort to inform you of your rights. This notice contains a section describing your rights under the law related to your personal health information. By signing below, I acknowledge that I have reviewed or have been informed by a TGS representative of the privacy practices and agree to continue my care with Tucson Gastroenterology Specialists, PC under said terms.

I certify that I have read and understand the above information to the best of my knowledge.

Patient Signature: _____ Date: _____

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