

# ***HIPAA Consent Form***

## **Consent for Purposes of Treatment, Payment and Healthcare Operations**

I consent to the use or disclosure of my protected health information by NCAAC, LLC for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of NCAAC, LLC. I understand that diagnosis or treatment of me by NCAAC, LLC may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. NCAAC, LLC is not required to agree to the restrictions that I may request. However, if NCAAC, LLC agrees to a restriction that I request, the restriction is binding on NCAAC, LLC and Krishna C. Murthy MD, Vel Kailasam MD, Michael Calvin PA-C, Lakhman Gondalia MD, Kamlesh Shah MD.

I have the right to revoke this consent, in writing, at any time, except to the extent that NCAAC, LLC has taken action in dependence on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information my identify me.

I understand I have a right to review NCAAC, LLC'S Notice of Privacy Policies prior to signing this document. The NCAAC, LLC Notice of Privacy Policies has been provided to me. The Notice of Privacy Policies describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of the NCAAC, LLC. The Notice of Privacy Policies for NCAAC, LLC is also provided at 2121 E. Harmony Rd, Ft Collins, CO or 1130 38<sup>th</sup> Avenue, Greeley, CO and on the NCAAC, LLC provider's website at [www.NCAAC.com](http://www.NCAAC.com). This Notice of Privacy Policy also describes my rights and the NCAAC, LLC's duties with respect to my protected health information.

NCAAC, LLC reserves the right to change the privacy policies that are described in the notice of Privacy Policy. I may obtain a revised notice by accessing the NCAAC, LLC website, calling the office and requesting a revised copy be sent to me via the mail or asking for one at the time of my next appointment.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient or Guardian

\_\_\_\_\_  
Description of Personal Representative's Authority  
(If a POA is in place, please provide a copy to our office)