

Chickahominy Family Physicians

Quinton

1850 Pocahontas Trail Quinton, VA 23141

Providence Forge

9010 Pocahontas Trail Providence Forge, VA 23140

Mailing: PO Box 7 Quinton VA, 23141

Phone 804-932-4388 Fax 804-932-9860

HIPAA Consent Form

*HIPAA is the Health Insurance Portability and Accountability Act of 1996

Our Notice of Privacy Practices (NPP) provides information about how we may use and disclose Protected Health Information (PHI) about you. You have the right to review our NPP before signing this consent. As provided in our NPP, the terms of our NPP may change, in accordance with changes in Federal regulations. A current copy may be obtained by requesting a copy or by viewing the notice on our web site at:

<http://www.chickahominyfp.com>

You have the right to request that we restrict how PHI about you is used or disclosed. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of PHI about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

If you have any questions, you may contact our Privacy Office, Mrs. Beth Locklear at 804-795-1144.

Patient Signature: _____ Date: _____

Authorized Representative: _____

Relationship to Patient: _____

Confidentiality Request

I authorize Chickahominy Family Physicians Quinton – Providence Forge to discuss all lab results and medical information to the person/persons listed below:

Full Name: _____ Relationship: _____ Date: _____

Full Name: _____ Relationship: _____ Date: _____

Full Name: _____ Relationship: _____ Date: _____

Signature: _____ Date: _____