



NOTICE OF PRIVACY PRACTICES AND PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: _____ Date: _____

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain Patient Rights regarding my protected health information. I understand that Vascular Institute of the Pines may use or disclose my protected health information for treatment, payment or health operations which means for providing health care to me, the patient; handling billing and payment; and, taking care of other health care operations. Unless required by law, there will be no other uses and disclosures of this information without my authorization. Vascular Institute of the Pines had detailed documentation called the 'Notice of Privacy Practices'. It contains a more complete description of your rights to privacy and how we may use and disclose protected health information. I understand that I have the right to read the 'Notice' before signing this agreement, if I ask Vascular Institute of the Pines will provide me with the most current Notice of Privacy Practices. My signature below indicates that I have been given the chance to review such copy of the Notice of Privacy Practices. My signature below means I agree to allow Vascular Institute of the Pines to use and disclose my protected health information to carry out treatment, payment, and health care operations. I have the right to revoke this consent in writing at any time, except to the extent that Vascular Institute of the Pines has taken action relying on this consent.

Signature of patient or legal representation: _____ Date: _____

Relationship to the patient (if signed by another party): _____ Date: _____

Acknowledgement of Receipt of Notice of Privacy Practices

I have been offered or I have received a copy of the Notice of Privacy Practices for the above-named practice.

Signature: _____ Date: _____

You may obtain a copy of our Notice of Privacy Practices, including and revisions of our 'Notice' at any time by contacting Vascular Institute of the Pines by mail at 6 Regional Drive Ste C Pinehurst, NC 28374 or simply calling us at (910) 338-3381. Revised 6/14/22

 6 Regional Drive Ste C Pinehurst, NC 28374

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