



The Lee Clinic, LLC

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## HIPAA PATIENT CONSENT FORM

The department of Health and Human Services has established a “Privacy Rule” to help insure that personal information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients’ medical consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations. As our patient we want you to know that we respect the privacy of your personal medical information and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide minimum information to only those we feel are in need of your health care information, treatment, payment and health care operations in order to provide health care that is in your best interest. We also want you to know that we support your full access to your own personal medical records. We may have indirect treatment relationships with you, such as laboratories that only interact with health care providers not the patient themselves and may have to disclose personal health care information for purposes of treatment, payment or health care operations. These entities are most often not required to obtain patient consent. You may refuse to consent to use or disclosure of your personal health information but this must be done in writing. Under law, we have the right to refuse to treat you should you refuse to disclose your Personal Health Information (PHI). If you chose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer. You have the right to review our privacy notice, to request restrictions and revoke consents in writing after you have reviewed our privacy notice.

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**Signature**

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**Date**

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**Printed Name**