

HIPPA PRIVACY

Sugar Land Med Clinic, P.A.
3533 Town center Blvd Suite 100
Sugar Land Tx 77479

I understand that I have the right to request restrictions on the use or disclosure of my individually identifiable health information to carry out treatment, payment, or health care operations.

I further understand that Sugar Land Med Ped Clinic, P.A. is not required to agree to the requested restriction but that, if it does agree, it must honor the restriction unless I request that it stop doing so or Sugar Land Med Ped Clinic, P.A. notifies me that it is no longer going to honor the request.

I request the following restrictions on the use or disclosure of my individually identifiable health information:

I understand that I have the right to request restriction as to the method of communications to me. For example, I might request that all medical bills be mailed to a certain post office box rather than to my home. I further understand that Sugar Land Med Ped Clinic, P.A. may not ask me why I want the alternate method of communication.

I understand that I have the right to object to the use and/or disclosure of my individually identifiable health information for facility directories and to the family members.

I object to uses and disclosures as follows: _____

I understand that I may revoke this consent in writing but that the revocation will not be effective to the extent that Sugar Land Med Ped Clinic, P.A. has already taken action in reliance on my earlier effective consent.

Name of Patient or Legal Representative

Signature of Patient or Legal Representative

Signature of Witness

Date _____