Central Texas
Sports Medicine & Orthopaedics
A part of Brazos Valley Physicians Alliance

Patient Name: _____ **DOB:** _____

Today's Date: _____

Patient Privacy Notice (HIPAA Policy)

This Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. Protected health information includes any information maintained by Central Texas Sports Medicine and Orthopaedics that could identify you and your health condition.

You have the right to review our notice before signing this consent. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. Individuals who have your permission to access your protected health information are listed below:

_____ Name	_____ Relationship
_____ Name	_____ Relationship
_____ Name	_____ Relationship

By signing this form, you consent to our use and disclosure of your protected health information for treatment, payment, and healthcare operation. You have the right to revoke this consent, in writing, except where we have already made disclosure in reliance on your prior consent.

_____ Patient/Legal Guardian *Signature*	_____ Patient/Legal Guardian Name *Printed*

**Updated annually for established patients.*