



Round Rock | South Austin | Central Austin | Cedar Park | Georgetown | Waco | Killeen | Amarillo

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

Patient name: _____

Date of Birth: _____

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 Advanced Pain Care, Advanced Rheumatology Care, and Round Rock Surgery Center may use or disclose my protected health information for treatment, payment, or health care 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 or disclosures of this information without my authorization.

I authorize Advanced Pain Care and Advanced Rheumatology Care to communicate with my **PCP (Primary Care Physician):**
Dr. _____ Phone #: () _____.

Advanced Pain Care, Advanced Rheumatology Care, and Round Rock Surgery Center has a detailed document 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 of Privacy Practices'** before signing this agreement. If I ask, Advanced Pain Care, Advanced Rheumatology Care, and Round Rock Surgery Center will provide me with 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 means that I agree to allow Advanced Pain Care, Advanced Rheumatology Care, and Round Rock Surgery Center to use and disclose my protected health information to carry out treatment, payment and health care operations. I have the right to revoke the consent in writing at any time, except to the extent that Advanced Pain Care, Advanced Rheumatology Care, and Round Rock Surgery Center has taken action relying on this consent.

Patient Signature

Date

Relationship to Patient if signed by another party

You may obtain a copy of our **'Notice of Privacy Practices'** including any revisions to our **'Notice of Privacy Practices'** at any time by contacting: Advanced Pain Care, Advanced Rheumatology Care, and Round Rock Surgery Center at 2000 S. Mays St, Round Rock Texas 78664 or (512) 244-4272.