



**221 South First St., Ste. A, Eagle River, WI 54521  
715- 477-2431**

## **HIPAA Consent Form**

I give Gentle Healing Acupuncture LLC my consent to use or disclose my protected health information to carry out my treatment, to obtain payment, and for health care operations such as quality reviews.

I have been informed that I may review the clinic's Notice of Privacy Practices for a more complete description of uses and disclosures before signing this consent.

I understand this clinic has the right to change their privacy practices and that I may obtain my revised notices at the clinic.

I understand I have the right to request a restriction of how my protected health information is used. However, I also understand that the clinic is not required to agree to the request. If the clinic agrees to my requested restriction, they must follow the restriction(s).

I understand that I may revoke this consent at any time, by making a request in writing, except for information already used or disclosed.

Complaints concerning my protected health information should be filed in writing with Kristine Cloutier, owner at Gentle Healing Acupuncture.

Patient Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If signed by patient representative, state relationship to patient: \_\_\_\_\_