

HIPAA COMPLIANCE

Dr. Gutierrez & Associates

In the course of providing service to you, we create, receive and store health information that identifies you. Per government regulations, it is necessary that you understand we may disclose your personal information for the following:

1. Treatment purposes.
2. Referrals and follow up care.
3. Insurance billing and auditing.

If you have questions regarding this consent form or your privacy rights as a patient, we have a comprehensive *Notice of Privacy Policies* available to you.

By signing this form, you are allowing us to disclose the minimal amount of personal information necessary to treat you and bill your insurance company.

I acknowledge: _____

(Signature / Date)