Ivette Valle, M.D.
1435 W. 49th Place, Suite 400A
Hialeah, FL 33012

Tel: (305) 818-5631
Fax: (305) 818-5639

Notice of Privacy Practices – HIPAA Acknowledgment Form

HIPAA - Health Insurance Portability and Accountability Act of 1996

The HIPAA Privacy regulations require health care providers and organizations, as well as their business associates, to develop and follow procedures that ensure the confidentiality and security of protected health information (PHI) when it is transferred, received, handled, or shared. This applies to all forms of PHI, including paper, oral, and electronic, etc. Furthermore, only the minimum health information necessary to conduct business is to be used or shared. Upon signing this form you are authorizing **Ivette Valle, MD** to release any information acquired in your examination or treatment to your referring physician and/or your insurance company.

In layman terms:

> **We will not share your information with anyone unless you give us permission to do so. We will use the least amount of information required to get compensated by your insurance We will send your medical information to your referring doctor and/or insurance.**

For a detailed explanation of this law, a copy of the **Ivette Valle, MD** ***Notice and Privacy Practices*** is available at the front desk, and on the practice website (www.ivettevallemd.com), for your review.

I have read and understand the above acknowledgments and consents, and agree to all provisions outlined herein.

Signature _____ Date _____

Print Name

_____

Consent for Purposes of Treatment

I voluntarily give my permission to the health care providers of **Ivette Valle, MD** and their assistants as they may deem necessary to provide medical services to me. I understand by signing this form I am authorizing them to treat me for as long as I seek care or until I withdraw my consent in writing.

I have read and understand the above acknowledgments and consents, and agree to all provisions outlined herein.

Signature _____ Date _____

Print Name

_____

E-mail: ivettevallemd@att.net