



Cross Island Medical Center

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Patient Consent Form

The Department of Health and Human Services has established a Privacy Rule to help ensure that Personal Health Information (PHI) is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for use and disclosure of the patient's PHI to carry out treatment, payment, and/or health care operations.

As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information only to those we feel are in need of PHI, including information about treatment, payment and/or health care operations, in order to provide health care that is in your best interest. We also want you to know that we support our full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and we may have to disclose PHI for purposes of treatment, payment, and /or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use or disclosure of your PHI, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your PHI. If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. However, you may not revoke actions that have already been taken, which relied on this or a previously signed consent.

If you have any questions about this form, please feel free to speak with one of our office staff. You have the right to review our privacy notice, request restriction, and/or revoke consent in writing after you have reviewed our privacy notice.

Print Name: _____ Signature: _____ Date: ____/____/____

To Our Valued Patients:

The misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation, and money. We want you to know that all of our employees, managers, and doctors continually undergo training, so they may understand and comply with government rules and regulations, regarding the Health Insurance Portability and Accountability Act (HIPAA), with particular emphasis on the Privacy Rule. We strive to achieve the very highest standards of ethics and integrity in performing services for our patients.

It is our policy to properly determine appropriate use of PHI in accordance with government rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a compliance program that we believe we will help us prevent any inappropriate use of PHI.

Our policy is to listen to our employees and patients without any thought of penalization if they feel that an event in any way compromises our policy of integrity. Therefore, we welcome your input regarding any service problem so that we may remedy the situation promptly.

Thank you for being one of our highly valued patients.