**Washington Metropolitan Cardiology**

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**HIPAA Privacy Standard**

**Privacy Notice Policy Statement:**

The **HIPAA Privacy Standard** allows for a consent agreement as it relates to the use and disclosure of individually identifiable health information (IIHI). The law requires IIHI to be used or disclosed for treatment, payment and other health operations (TPO) purposes only, unless specifically authorized by you.

It is not necessary to have a patient’s consent to allow us to use or disclose IIHI to others who will treat you or support in providing you quality health care services. We must use or disclose your IIHI to Health Plans to insure accurate and timely payments for the services rendered. The law requires that we inform you of your policy regarding the protection of your IIHI. We may already have consent agreement that specifically addresses the use or disclosure that your IIHI is consistent with our Privacy Notice and for treatment, payment, and other health care services in your behalf.

It will be our policy to require a consent agreement to avoid future conflicting circumstances, to avoid delays in providing you with the highest quality care we can, and to support you in the preparing for other health care operations that are determined to be necessary to give you the best service that we can give you.

Thank you for continued confidence in our practice and for supporting our efforts to comply with the law. Below is a statement that will meet the requirements of the law and allow us the necessary latitude to work within the law.

I, ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand my rights regarding my identifiable health information (IIHI) as presented in the Privacy Notice and I consent to the use and/or disclosure of my IIHI for purposes of treatment, payment or other health care operation (TPO) only, Other uses of my IIHI will require an authorization from me for the specific intention of the disclosure. I have received a copy of the Privacy Policy for my records.

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_