



**IRELAND GROVE**  
CENTER FOR SURGERY

**3801 Ireland Grove Road  
Bloomington, IL 61704  
Phone 309-664-0101  
Fax 309-664-1010**

## HIPAA PRIVACY PATIENT SIGNATURE FORM

I consent to the use or disclosure of my protected health information by Ireland Grove Center for Surgery for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Ireland Grove Center for Surgery.

I understand that diagnosis and treatment of me by Ireland Grove Center for Surgery may be conditioned upon my consent as evidence by my signature on this document.

I understand I have a right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Ireland Grove Center for Surgery is not required to agree to the restrictions that I may request. However, if Ireland Grove Center for Surgery agrees to the restriction that I request, the restriction is binding on Ireland Grove Center for Surgery.

I have the right to revoke this consent, in writing, at any time, except to the extent Ireland Grove Center for Surgery has taken action on reliance on this consent. My "Protected Health Information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or health care clearinghouse. This is protected information related to my past, present or future physical or mental health condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have the right to review Ireland Grove Center for Surgery's Notice of Privacy Practices prior to signing this document. Ireland Grove Center for Surgery's Notice of Privacy Practices has been provided to me.

The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Ireland Grove Center for Surgery.

The Notice of Privacy Practices is also located at the front office at Ireland Grove Center for Surgery.

The Notice of Privacy Practices also describes my rights and the duties of Ireland Grove Center for Surgery with respect to my protected health information.

Ireland Grove Center for Surgery reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised Notice of Privacy Practices by calling Ireland Grove Center for Surgery and requesting a revised copy be sent in the mail or going to the facility and asking for one at the front desk.

\_\_\_\_\_  
Signature of Patient or Personal Representative

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Name of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority