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**PATIENT CONSENT FOR RELEASE OF INFORMATION**

The Department of Health and Human Services has established a " Privacy Rule " with a view of ensuring that the privacy of personal information about health care is protected and is used or shared only the minimum information necessary to in order to provide a standard for certain health care providers to obtain consent from their patients for uses and disclosures of health information about you for purposes of treatment, payment or operations of healthcare. By signing this consent, you acknowledge to understanding that your doctors may need to provide medical information to doctors, pharmacies, hospitals, insurance companies, laboratories and billing related agencies.

As our patient we want you to know that we respect the privacy of personal medical records and will do everything possible to secure and protect that privacy and we always strive to take reasonable precautions to protect it. When appropriate and necessary, we will provide the minimum information necessary only to those who we believe need to have information about your health care, treatment, payment or operations of health care in order to provide care that suits you.

We also want you to know that we back you so that you have full access to your medical records. Maybe we have therapeutic relationships with you (such as through laboratories that only have relationships with doctors and not patients) and may need to disclose personal health information for treatment, payment or operations of healthcare. These entities often have to obtain consent from the patient.

Refusal to consent to the use or disclosure of personal health information prohibits the physician to bill their services, program the attention that is going to give you in the hospital, call a pharmacy to fill a prescription and meet other medical needs. Under this law, we have the right to refuse treatment if you decide to refuse to disclose personal health information (PHI, Personal Health Information). If you decide to consent by this document, at some future time you may revoke this consent in writing. There will be no other information released from the date you submit your revocation to the doctor.

If you have any questions regarding this form, you can talk to our Officer Regulations (HIPAA Compliance Officer). You have the right to review our privacy notice.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF GUARANTEE FOR OUR PATIENTS COMPLIANCE**

Misuse of Personal Health Information (PHI) has been identified as a national problem that causes discomfort, exasperation and spending money. Our employees and doctors have received the necessary training and meet government regulations regarding Portability and Accountability Act of Health Insurance (HIPAA) giving special emphasis to the Rule on privacy. We strive for the highest standards of ethics and integrity in the delivery of services to our patients. Our policy is to properly determine appropriate uses of Personal Health Information in accordance with government regulations. We want to ensure that our practice never contributes in some way to the growing problem of improper disclosure of such information. As part of this plan, we have implemented a Compliance Program that we believe will help us to prevent any misuse of Personal Health Information (PHI). As we try to give our best service, our policy is to listen to our patients without any intention to punish or penalize them if they are of the opinion that an event compromise our integrity policy somehow and we welcome your ideas about any problems you have service so that we can promptly resolve any situation . Thank You.