



**HIPAA Acknowledgement and Consent Form**

I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- \*Conduct, plan and direct my treatment and follow-up care among healthcare providers who may be involved in that treatment directly or indirectly.
- \*Obtain payment from designated third-party payers.
- \*Conduct normal health care operations such as quality assessments or evaluations, and physician certifications.

I have been informed by you of your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information (available in office in print form and by brochure provided to me). I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address below to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that this organization restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that the organization is not required to agree to my requested restrictions, but if the organization does agree, then it is bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that the organization has taken action relying on this consent.

---

Patient's Name

Date of Birth(MM/DD/YYYY)

---

Signed (Patient or Legal Representative for Patient)

Date

---

Legal Representative's Relationship to Patient

**Mequon Vascular Associates, SC**

Mequon Office  
11725 N Port Washington Rd.  
Suite 250  
Mequon, WI 53092

Germantown Office  
W189 N11100 Kleinmann Dr.  
Suite 105  
Germantown, WI 53022