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HIPAA PRIVACY FORM

To our Valued Patients:

As our patient, we want you to know that we respect the privacy of your personal medical records, and we will do all we can to secure and protect that privacy. The Department of Health and Human Services has established a "Privacy Rule" to help insure that the privacy of personal health information is protected. The Privacy Rule was also created in order to provide a standard for health care providers and allows the use and, as necessary, the disclosure of health information about the patient for the purpose of treatment, payment, education or health care operations.

We strive to always take reasonable precautions to protect you and your privacy and have developed a Notice of Privacy Practices for this office, which you may review at the front desk. The consent below allows us, in accordance with the Privacy Rule, to use your protected health information for the purpose of treatment, payment, education or health care operations.

PATIENT CONSENT:

- I will allow Dr. Deborah Sherman and Dr. Mark Melson and their staff to use my protected health information for the purpose of treatment, payment, education and health care operation and have been given the opportunity to review the office's Notice of Privacy Practices
- I agree to have my photographs and videos used without identification on the website/internet for the purpose of medical education
- Please list below any additional persons with whom you authorize us to discuss your medical records:

I understand that any charges for procedures that are considered contract exclusions by my insurance company will be my financial responsibility.

PATIENT SIGNATURE

DATE