

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) is a U.S. federal law that protects the privacy and security of your health information.

By signing below, you acknowledge and consent to that you have read the full HIPAA notice of privacy practices, which can be found on the QR code below. The Patient, Legal Guardian or Power of Attorney consent to Twin Cities Physicians accessing the patients personal health information through secure electronic medical records and/or secure written medical records. This information may include the patient's medical history, current and previous diagnoses, medications, treatment information, and other information necessary to support the care of the patient.

Twin Cities Physicians uses this information to create and maintain a secure patient profile that you may access through our secure patient portal. The patient's health information provides your healthcare provider with a centralized and comprehensive view of your medical history, helping them coordinate and provide appropriate care.

By signing below, you consent to Twin Cities Physicians accessing, using, and maintaining your health information as necessary to support your healthcare and treatment, in accordance with applicable HIPAA privacy and security requirements.

SCAN THE QR CODE TO ACCESS TWIN CITIES PHYSICIANS FULL HIPAA PRIVACY STATEMENT.

Signature of Patient/ Legal Guardian/ POA:

Date: _____

Signature of Witness:

Date: _____

