

HIPAA Consent Form



HIPAA CONSENT FORM

AUTHORIZATION (CONSENT) TO PERMIT THE USE AND DISCLOSURE OF IDENTIFIABLE MEDICAL INFORMATION (PROTECTED HEALTH INFORMATION) FOR ACCOMMODATION PURPOSES

Candidate Name: _____

Accommodation Requested: _____

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003.

What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you testing services. HIPAA provides certain rights and protections to you as the patient. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov

NAFTA has adopted the following policies:

- You the Candidate agree and understand that your diagnostician (whether a physician or other provider) may provide NAFTA with any necessary medical information to support and/or verify your requested accommodation. By signing below, you grant NAFTA your consent and permission to request the information from your diagnostician for the sole purpose of verifying your requested accommodation for your test administration.
- Candidate information will be kept confidential except as is necessary to verify the accommodation request for the test administration. Your information may be retained only as it applies to your administration of the test. Your records will not be available to persons other than NAFTA staff and administrators necessary to confirm your accommodation. You agree to the normal procedures utilized by NAFTA for the purpose of verifying and providing your request for accommodation.
- It is the policy of NAFTA to notify you of the status of your request by telephone, e-mail, U.S mail, or by any means convenient for the association and/or as requested by you. NAFTA may send you other communications informing you of changes to your accommodation request and new technology that you may find valuable or informative.
- You understand and agree to reasonable inspections of NAFTA's records and review of documents (which may include your Consent Form and supporting documentation) which may be made by government agencies or other organizations in the normal performance of their duties.
- You agree to bring any concerns or complaints regarding any privacy matter to the attention of NAFTA.
- Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
- NAFTA agrees to provide Candidates with access to their records in accordance with applicable state and federal laws.
- NAFTA may change, add, delete or modify any of these provisions.
- You have the right to request restrictions in the use of your protected health information. However, NAFTA is not obligated to alter internal policies to conform to your request.

I, _____ date _____ do hereby consent and acknowledge my agreement to the terms set forth above in the HIPAA CONSENT FORM and any subsequent changes.