

Consent for Treatment

I, _____ (please print name), agree to have Jody Hoppis, BSN, MSN, FNP-BC treat me.

I, _____ (please print name), agree to have Jody Hoppis, BSN, MSN, FNP-BC treat my minor child (children) _____.

I consent for Jody Hoppis, BSN, MSN, FNP-BC to telephone me about my health care _____ at work, _____ at home, _____ not at all. I consent for Jody Hoppis, BSN, MSN, FNP-BC to _____ email and/or _____ text about my health care (check all that apply).

I consent for Jody Hoppis, BSN, MSN, FNP-BC to discuss my health care information _____ with my spouse, _____ with the following family members:

_____ (please print names)

_____ with no one else.

Signature _____ date _____

Notice Of Privacy Practices

Jody Hoppis's practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. In accordance with federal regulations, we are giving you this notice to tell you how we may use information about you.

Health information collected that identifies you is kept confidential. This information may be released for the purposes of treatment, health care operations, treatment options, payment, health-related benefits and services, and when disclosures are required by law.

The use and disclosure of your PHI will be made in certain special circumstances, and to designated family/friends. These circumstances include public health risks, health oversight activities, threats to health or safety, and worker's compensation. You have the following rights regarding the PHI that we maintain about you: Confidential communications, requesting restrictions on disclosures, inspection and copies, requesting amendment and review, accounting of disclosures, a right to a copy of this notice, the right to provide an authorization for other uses, and the right to file a complaint.

You are encouraged to contact Jody Hoppis, BSN, MSN, FNP-BC at:

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A more detailed explanation of this policy is available on request.