

**Tooele Clinic Corporation  
HIPPA Information and Consent**

**As of April 14, 2003, it is required by law to have a Privacy Policy in place and accessible to you. A copy has been provided for you to read in the office or you may have your own copy upon request.**

**Your Personal Health Information is protected from anyone but yourself unless you specifically list those whom you feel are appropriate to give information to on your behalf. Your Personal Health Information may be give without consent if it is requested by a court or the military. It may also be shared with another physician that you have been referred to by our office. I have read and understand this agreement.**

\_\_\_\_\_  
**Print Patients Name**

\_\_\_\_\_  
**Signature of Patient or Personal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to Patient**

**If in the event you are unable to communicate with us and your feel it is appropriate for us to give information to someone else, please list them below:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |