

CONSENT FORM REVIEW CHECKLIST

CLIENT _____

DATE: _____

HIPAA ASSOCIATES CONTACT: _____

Does it refer to physician(s)?	<input type="checkbox"/>
Is the consent in plain language?	<input type="checkbox"/>
Does the consent inform the individual that protected health information may be used and disclosed to carry out treatment, payment, or health care operations?	<input type="checkbox"/>
Does it refer the individual to the Notice of Privacy Practices for a more complete description of such uses and disclosures and state that the individual has the right to review the notice prior to signing the consent?	<input type="checkbox"/>
If the covered entity has reserved the right to change its privacy practices that are described in the notice, state that the terms of its notice may change and describe how the individual may obtain a revised notice?	<input type="checkbox"/>
Does it state that the individual has the right to request that the covered entity restrict how protected health information is used or disclosed to carry out treatment, payment, or health care operation?	<input type="checkbox"/>
Does it state that the covered entity is not required to agree to requested restrictions?	<input type="checkbox"/>
Does it state that if the covered entity agrees to a requested restriction, the restriction is binding on the covered entity?	<input type="checkbox"/>
Does it state that the individual has the right to revoke the consent in writing, except to the extent that the covered entity has taken action in reliance thereon?	<input type="checkbox"/>
Does it have a field for signature and date?	<input type="checkbox"/>