



Damien Fertility Partners

PATIENT CONFIDENTIALITY FORM

Patients of Damien Fertility Partners must sign this Confidentiality Agreement in compliance with HIPAA Privacy Law. All patients must follow our protocol to protect the rights of our patients, staff, and healthcare information, reflecting respect for all involved.

Under HIPAA, “individually identifiable health information” may be disclosed only with written permission to anyone other than the patient. All discussions about patient medical conditions must be kept in a private setting, and all medical records are to be accessed on an as-needed basis. “Individually identifiable health information” includes video and photographs of patients and staff. Taking videos and photographs of patients and staff is prohibited.

Please sign below to indicate you have read and agree to the above policies.

Name (please print) _____

Date _____

Signature _____