

Consent and Notice of Privacy Practices Acknowledgment

FRM-REG-NPP-001 Rev. 2.0

Please print clearly in blue or black ink, or complete this form on screen.

SECTION A. PATIENT IDENTIFICATION

Patient Last Name	First Name	Middle Initial	Date of Birth (DD/MM/YYYY)
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SECTION B. CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

- Records We Maintain.** I understand that as part of my care, START Center for Cancer Care originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care.
- Consent for Treatment, Payment and Health Care Operations.** I consent to the use and disclosure of my protected health information by START Center for Cancer Care and by its physicians, employees, agents, and contractors for treatment, payment, and health care operations, as those terms are defined at 45 CFR 164.501.
- What This Consent Does Not Cover.** Disclosures requiring separate written authorization under 45 CFR 164.508, including most disclosures to my employer, marketing, and any sale of my information. Under Texas Health and Safety Code Section 181.154, START will obtain separate authorization before electronically disclosing my information for any purpose other than treatment, payment, health care operations, or as required by law.
- My Right to Request Restrictions.** I may ask START to restrict how my information is used or disclosed, and START need not agree to every request. START must agree to withhold information from my health plan when I have paid in full out of pocket and the disclosure is not required by law (45 CFR 164.522(a)(1)(vi)).
- My Right to Revoke.** I may revoke this consent at any time by written notice to the START Center for Cancer Care Privacy Officer. Revoking this consent will not affect any use or disclosure that START already made while relying on it.

SECTION C. NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I acknowledge that I have been offered a copy of the START Center for Cancer Care Notice of Privacy Practices, which describes more fully how START uses and discloses my health information and what rights I have. The current version is posted at each START location and available on request.

How the Notice was provided	Notice version acknowledged Version 2.0 (Effective 10/07/2026)	Language in which the Notice was provided
Was an interpreter or translated Notice used?	Interpreter name or service, if used	

SECTION D. OTHER USES OF YOUR INFORMATION (optional)

Both choices are optional. Your care, and the messages you get about treatment and billing, are the same either way. You may change either choice at any time.

Marketing. START never sells your health information (45 CFR 164.502(a)(5)(ii); Texas Health and Safety Code 181.006). With your permission we may send news about START programs, services, clinical trials, and events. Your treatment and benefits do not depend on this answer. Permission lasts two years, you may revoke it in writing at any time, any message a third party paid for will say so, and information sent under it may lose federal privacy protection once received.

☐ I authorize START to send me marketing communications.

Under HIPAA Business Associate Agreements, these tools listen during a visit and draft a note your clinician reviews, edits, and signs. Audio and raw transcripts are kept only as long as needed for that note, and no such system makes a final clinical decision without physician review.

☐ I grant permission for synthetic intelligence systems to capture, process, and document information from my visits.

SECTION E. SIGNATURE

Signature of Patient or Legal Representative Wet signature, or START-approved electronic signature	Printed Name	Date (DD/MM/YYYY)
Relationship to Patient (if not signed by the patient)	If signed by a personal representative, describe the legal authority to act for the patient	

SECTION F. IF THE PATIENT DOES NOT SIGN (completed by START staff)

45 CFR 164.520(c)(2)(ii) requires START to document its good faith effort and the reason. Complete only when Section E is unsigned. Care is never withheld if a patient declines.

Reason the acknowledgment was not obtained	Was a copy of the Notice still provided to the patient?	
Additional detail describing the good faith effort made		
Employee Signature Wet signature, or START-approved electronic signature	Printed Name and Title	Date (DD/MM/YYYY)