

The Deliberate Deception

HIPAA:

Exposing



161 St. Anthony Ave., Ste. 923
Saint Paul, MN 55103

Keep One



The HIPAA form and the "I acknowledge that I have received the Notice of Privacy Practices" do not protect your records – or your privacy.

**NO Requirement To Sign
HIPAA Form**

Share One



The HIPAA form and the "I acknowledge that I have received the Notice of Privacy Practices" do not protect your records – or your privacy.

**NO Requirement To Sign
HIPAA Form**

Join Us to Expose HIPAA!

Dear

The HIPAA "Privacy Rule" is 20 years old. In April, we conducted a month-long campaign "**Exposing HIPAA: The Deliberate Deception.**" Using videos and radio, we detailed the federal rule that eliminated your privacy and allows outsiders to control medical treatment decisions. Because privacy is the foundation of freedom, CCHF's work to restore patient privacy rights protects you – and your choices – in the exam room. **To share the truth about HIPAA, please detach the cards below.**

Your financial support is key to this important work. Your gift today of **\$100** will fund one "Truth About HIPAA" radio minute heard nationwide. Your gift of **\$500** pays for a day working with state legislators to draft legislation, offer amendment suggestions, or testify for freedom in the exam room. **Please give generously.**

Thank you!



Twila Brase, RN, PHN
President and Co-founder



April 2023



Please make **checks** payable to/mail to:

CCHF
161 St. Anthony Ave., Suite 923
Saint Paul, MN 55103



Make an **online donation** at cchffreedom.org



Scan to Donate

If you don't sign, they still have to treat you.

Screenshot from *Understanding HIPAA*,
US Dept. of Health & Human Services
Office of Civil Rights (below)

The law requires your doctor, hospital, or other health care provider to ask for written proof that you received the Notice of Privacy Practices, or what they might call an "acknowledgement of receipt." The law does not require you to sign the acknowledgement form.

If you choose not to sign, your provider must keep a record that they did not get your signature, but they still have to treat you.

If you choose to sign, you have not given up any of your rights or agreed to any special uses of your health records. You are just stating you got the Notice.

To learn more, visit www.hhs.gov/ocr/privacy/.

Keep One

FACT: Signing the HIPAA form does **not** provide you with any privacy or consent rights - and it could be used against you if you ever declare that your privacy rights have been violated. If you sign, clinics or hospitals can use your signature to argue that you knew your private information could be shared by law without your consent. **Refuse to sign.**

Per U.S. Department of HHS:

You are **not** required to sign or initial any form or electronic device acknowledging that you received the notice. The health care facility is required to keep a record that you refused but they still have to treat you.

HHS Info: bit.ly/HIPAAnotice
Still Must Treat: bit.ly/stilltreat



651-646-8935

www.cchffreedom.org

FACT: Signing the HIPAA form does **not** provide you with any privacy or consent rights - and it could be used against you if you ever declare that your privacy rights have been violated. If you sign, clinics or hospitals can use your signature to argue that you knew your private information could be shared by law without your consent. **Refuse to sign.**

Per U.S. Department of HHS:

You are **not** required to sign or initial any form or electronic device acknowledging that you received the notice. The health care facility is required to keep a record that you refused but they still have to treat you.

HHS Info: bit.ly/HIPAAnotice
Still Must Treat: bit.ly/stilltreat



651-646-8935

www.cchffreedom.org

Share One