



6565 S. Yale, Ste 909  
Kelly Medical Building  
Tulsa, OK 74136

## HIPAA Documents and Supplier Standards Receipt

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I, \_\_\_\_\_  
(Patient name) or parent/guardian if patient is under 18

do hereby consent and acknowledge my  
agreement to the terms set forth in the HIPAA  
Documents and 30 supplier standers.  
I understand that this consent shall remain in  
force from this time forward.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**NOTICE OF CONFIDENTIALITY:** This document contains unconditionally private medical records.  
Any improper use of the information contained herein constitutes a breach of patient medical  
confidentiality.

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