

CONSENT FOR RELEASE OF PRIVATE HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes information about privacy practices followed by our employees, staff and other office personnel. The practices described in this notice will also be followed by healthcare providers you consult with by telephone (when your regular healthcare provider for our office is not available) who provides "call coverage" for your healthcare provider.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

***Treatment** means providing, coordinating, or managing health care and related services by one or more healthcare provider. An example of this would include physical examination.

***Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

***Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

***Other disclosures as itemized in our detailed Notice of Privacy Practices**, such as disclosures which are required by law or for victims of abuse.

We may also create and distribute de-identified information by removing all references to individually identifiable information.

We may contact you about appointments or for information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also contact you to ask you to call the office regarding other medical or billing services.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

*The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

* The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or alternative locations.

* The right to inspect and copy your protected health information. (For a set fee)

*The right to amend your protected health information.

*The right to receive an accounting of disclosure of protected health information.

* The right to obtain a paper copy of this notice from us upon request.

This notice is effective as of _____ 20 ____ and we are required to abide by the terms of the Notice of Privacy Practices currently in effect.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights about violations of the provisions of this or the policies of this office. You will not be penalized for filing a complaint.

I have read the above notice and hereby agree to its provisions and give my consent for release of information for my minor children or myself if I am 18 years of age or older.

Signature: _____