

Consent to Use and Disclosure of Protected Health Information for Purposes of Treatment, Payment, and Health Care Operations

As a condition of providing treatment to you, Midwest Orthopedics Foot & Ankle PC, obtains your consent to use and disclose protected health information about you to carry out treatment, payment, and the health care operations of Midwest Orthopedics Foot & Ankle PC.

You may revoke this at any time by notifying Midwest Orthopedics Foot & Ankle PC, in writing, except to the extent Midwest Orthopedics Foot & Ankle PC, has taken action and reliance on your consent.

Your protected health information may be used and disclosed to carry out treatment, payment, or health care operations.

Please refer to the Notice of Privacy Practices for Protected Health Information (“Privacy Notice”) for a more complete description of the uses and disclosures that Midwest Orthopedics Foot & Ankle PC, may use of your protected health information. You have the right to review the Privacy Notice prior to signing the consent.

Midwest Orthopedics Foot & Ankle PC has reserved the right to change its privacy practices described in this Privacy Notice. In accordance with law, the terms of the Privacy Notice may change. At any time, you may obtain a copy of the current Privacy Notice and any revised notice by requesting the Privacy Notice in writing or by requesting a notice in person.

You have the right to request Midwest Orthopedics Foot & Ankle PC to restrict the manner in which your protected health information is used or disclosed to carry out treatment, payment, or health care operations. Midwest Orthopedics Foot & Ankle PC is not required, however, to agree to such requested restrictions. If, however, Midwest Orthopedics Foot & Ankle PC agrees to the requested restriction, Midwest Orthopedics Foot & Ankle PC will honor the request and it will be binding on Midwest Orthopedics Foot & Ankle PC.

I hereby consent to the use and disclosure by Midwest Orthopedics Foot & Ankle PC, its workforce, and its business associates of my protected health information for purposes of treatment, payment, and health care operations.

Yes No Employees of Midwest Orthopedics Foot & Ankle PC may leave confidential information regarding scheduling, test results, or other information requested by me on my answering machine or voice mail.

Yes I have received a copy of the Notice of Privacy Practices for Protected Health Information from Midwest Orthopedics Foot & Ankle PC.

Signature

Signature of Personal Representative of Patient

Description of Representative’s Authority to Act for Patient

Date