

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, Independent Medical Group of Pahump (IMG) may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO) please refer to IMG's notice of privacy practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing consent. IMG reserves the right to revise its Notice of Privacy Practices at any time.

With my consent, IMG may call my home or other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminder, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, IMG may mail to my home or other designated location any item that assist IMG in carrying TPO, such as appointment reminder cards and patient statements as long as they are marked personal and confidential.

With my consent, IMG may email to my address or other designated location any item that assist IMG in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that IMG restrict how it uses or discloses PHI to carryout TPO. However IMG is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form I am consenting IMG's use and disclosure of my PHI to carryout TPO.

I may revoke my consent in writing except to the extent that IMG has already made disclosures in reliance upon my prior consent. If I do not sign this consent, IMG may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patient's Name

Date

Name of Legal Guardian