VALLEY COLORECTAL SURGEONS

PROCTOLOGY & COLORECTAL SURGERY

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PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Valley Colorectal Surgeons to use and disclose protected health information about me to carry out Treatment, Payment, and Healthcare Operations.

The NOTICE OF PRIVACY PRACTICES provided by this office describes such uses and disclosure in more detail.

I have the right to review the Notice of Privacy Practices prior to signing this consent.

The above named Healthcare Provider reserves the right to revise the Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the above named Healthcare Provider.

With this consent, the above named Healthcare Provider may call my home or other alternative location and leave a message via voicemail or in person in reference to any items that assist the Practice in carrying out Treatment, Payment and Healthcare Operations, such as, appointment reminder cards and patient statements, or may send an e-mail to my home or other alternative location any items that assist the Practice in carrying out Treatment, Payment and Healthcare Operations. I have the right to request that Valley Colorectal Surgeons restrict how it uses or discloses my Protected Health Information to carry out Treatment, Payment and Healthcare Operations. The Practice is not required to agree to my requested restrictions, but if it does, it is bound by that agreement.

By signing this form, I am consenting to allow Practitioners of Valley Colorectal Surgeons to disclose my Protected Health Information to carry out Treatment, Payment and Healthcare Operations.

I may revoke my consent in writing except that the practice has already made disclosures in reliance upon my consent. If I do not sign this consent, or later revoke it, any Practitioner of Valley Colorectal Surgeons may decline to provide treatment to me.

Signature of Patient or Legal Guardian: _____

Patient's Name (please print): _____

Date: _____