

Progressive Prosthetic & Orthopedic Services

CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS

I understand that as part of my healthcare, Progressive Prosthetic & Orthopedic Services originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- a basis for planning my care and treatment
- a means of communication among the many health professionals who contribute to my care
- a source of information for applying my diagnosis and evaluation to my bill
- a means by which a third-party payer can verify that services billed were actually provided
- and a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION

We are required by law to have your written consent before we use or disclose to others your medical information for purposes other than providing or arranging for your health care, the payment for or reimbursement for the care that we provide to you, and the related administrative activities supporting your treatment.

We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization (Example: Judicial Activities & Public Health issues).

As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information. We accept no restrictions on information received from patient.

If you refuse to consent to the use or disclosure of your personal health information (PHI) to carry out treatment, payment for services or other healthcare operations (TPO), then Progressive Prosthetic & Orthopedic Services will refuse to treat the patient.

Progressive Prosthetic & Orthopedic Services may contact patients, individual caregiver or family members to provide appointment reminders or information about treatment alternatives or other health related benefits that may be of interest to the patient at phone numbers provided by the patient. We have available a detailed Notice Of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time. The effective date at the top right hand side of this page indicates the date of the most current Notice in effect.

I understand and have been provided with Patient Privacy Practices & Information Notice that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that the organization reserves the right to change their notice. I understand that Progressive Prosthetic & Orthopedic Services will not use my health information for directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

If you have any questions, concerns or complaints about the Notice or your medical information, please contact Debbie Barnes in our Virginia Beach office at (757) 456-5501.

I have read and understand the patient privacy notice. This written consent is valid for six years, unless revoked in writing.

Signature of Patient or Legal Representative

Witness

Date

September 1, 2018
Notice Effective Date or Version