

CENTER FOR FOOT & ANKLE SURGERY, LLC

655 Shrewsbury Ave. Ste 207 Shrewsbury, NJ 07702 (732) 741-5500

CONSENT OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Your protected health information will be used by Center For Foot & Ankle Surgery or disclosed to others for the purpose of treatment, obtaining payment, or supporting the day to day healthcare operations of the practice.

You should review the Notice of Privacy Practices for a more complete description of how your health information may be used or disclosed. You may review the notice prior to signing this consent.

You may request a restriction on the use or disclosure of your protected health information. If there is anyone you would like to restrict on the use or disclosure of your protected health information, please list below:

Name: _____

If there is no restriction, please initial here: _____

Center For Foot & Ankle Surgery may or may not agree to restrict the use or disclosure of your health information.

If Center For Foot & Ankle Surgery agrees to your request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be in violation of the federal standards.

You may revoke this consent to use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

Center For Foot & Ankle reserves the right to modify the privacy practices outlined in this notice.

I have reviewed this consent form and give my permission to Center For Foot & Ankle Surgery to use and disclose my health information in accordance with it.

Name of Patient (please print) _____

Signature of Patient _____ Date _____

Signature of Patient Representative _____

OPERATIONS POLICY

Center For Foot & Ankle Surgery requires telephone communication to support our day to day healthcare operations of the practice. Confidential information may be delivered to your answering machine. Under federal privacy standards you have the right to refuse this.

I request: _____ I refuse: _____
(Please initial choice)