

Patient consent form

Berenheim Osteopathic, PC
1780 S. Bellaire St., Suite 701, Denver, CO 80222
720-943-3001

Patient Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for **Berenheim Osteopathic, PC** to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO).

(The Notice of Privacy Practices provided by **Berenheim Osteopathic, PC** describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. **Berenheim Osteopathic, PC** reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Susan Berenheim, **Office Manager and Privacy Officer, Berenheim Osteopathic, PC, 1780 S. Bellaire St., Suite 701, Denver, CO 80222.**

With this consent, **Berenheim Osteopathic, PC** may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, **Berenheim Osteopathic, PC** may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."

With this consent, **Berenheim Osteopathic, PC** may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that **Berenheim Osteopathic, PC** restrict how it uses or discloses my PHI to carry out TPO.

The practice 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 to allow **Berenbeim Osteopathic, PC** to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, **Berenbeim Osteopathic, PC** may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Print Patient's Name

Date

Print Name of Patient or Legal Guardian, if applicable

4/25/15
