

# Patient Consent for Use and Disclosure of Protected Health Information

With my consent I hereby give my consent for, Penndoc Foot & Ankle Center LLC to use and disclose *protected health information* (PHI) about me to carry out *treatment, payment and healthcare operations* (TPO). (Please refer to Penndoc Foot & Ankle Center LLC Notice of Privacy Practices provides for a more complete description of such uses and disclosures.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Penndoc Foot & Ankle Center LLC reserves the right to revised its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to: Penndoc Foot & Ankle Center LLC P.O. Box 40 Bradford, PA 16701.

With this consent, Penndoc Foot & Ankle Center LLC may call my home or other designated 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 results among others.

With this, my consent, Penndoc Foot & Ankle Center LLC may mail to my home or other designated 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, my consent, Penndoc Foot & Ankle Center LLC may e-mail to my home or other designated alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statement, I have the right to request that Penndoc Foot & Ankle Center LLC restrict how it uses or disclosed my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by the agreement.

By signing this form, I am consenting to Penndoc Foot & Ankle Center LLC use and disclosure of 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, Penndoc Foot & Ankle Center LLC may decline to provide treatment to me.

---

Signature of Patient or Legal Guardian

---

Print Name of Patient or Legal Guardian

---

Patient's Name

---

Date