

Central Montgomery Orthopedics
1011 South Broad Street, Lansdale, PA 19446
Phone: 215-361-5060 Fax: 215-412-4807

CONSENT TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

Your protected health information will be used by this practice, known as Central Montgomery Orthopedics, or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day healthcare operations of the practice.

We are providing you with a copy of our Notice of Privacy Practices. We request that you review this notice prior to signing this consent.

You may request a restriction on the use or disclosure of your protected health information. If you wish to restrict your disclosure, you must make this request in writing.

This practice, however, may or may not agree to restrict the disclosure of your protected health information.

If we agree to your request, the restriction will be binding. Use of protected information in violation of an agreed upon restriction will be a violation of federal privacy standards.

You may revoke this consent to the use and disclosure of your protected health information. If you wish to revoke your consent, you must make this request in writing. Any use or disclosure that has occurred prior to the date your revocation of consent is received will not be affected. This practice reserves the right to modify the Notice of Privacy Practices.

I have reviewed this consent form and have reviewed the notice of privacy practices. I give my permission to this practice to use and disclose any health information in accordance with it.

Patient Name (Print clearly)

Patient Signature or Signature of Patient Representative

Date

Printed Name of Patient Representative

Relationship of Patient Representative to Patient