

COMPREHENSIVE
breast care



**PATIENT CONSENT FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

With my consent, Comprehensive Breast Care, PLLC may use and disclose protected health information about me to carry out treatment, payment and healthcare operations. Please refer to Comprehensive Breast Care, PLLC Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have a right to review the Notice of Privacy Practices prior to signing this consent. Comprehensive Breast Care, PLLC reserves the right to revise its Notice Of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by written request.

With my consent Comprehensive Breast Care, PLLC may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out treatment, payment, or healthcare operations, such as appointment reminders, insurance items and any call pertaining to my clinical care, including test results among others.

With my consent Comprehensive Breast Care, PLLC may mail to my home or other designated location any items that assist the practice in carrying out treatment, payment, and healthcare operations, such as appointment reminder cards or test results. I have a right to request Comprehensive Breast Care, PLLC restrict how it uses or discloses my personal healthcare information to carry out treatment, payment, and healthcare operations. The practice is not required to agree to my requested restrictions, but it it does is bound by this agreement.

I agree that I shall be legally responsible for any medical or surgical charge incurred in excess of any hospitalization or health insurance that might be applicable.

I assign payment of authorized benefits Comprehensive Breast Care, PLLC. on my behalf for services rendered. I understand I am responsible for the charges not covered by my health insurance policy.

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, Comprehensive Breast Care, PLLC may decline to provide treatment to me.

By signing this form I am consenting Comprehensive Breast Care, PLLC's uses and disclosure of my personal health information to carry out treatment, payment, and healthcare operations.

Patient Signature

Date

Printed Name of Patient

Witness