Consent for Release and Use of Confidential Information and Receipt of Notice of Privacy Practices

I,	, nereby give my consent to
(Name of Patient or Authorized Agent	
	close, for the purpose of carrying out
- · ·	erations, all information contained in the
patient record of	11 - 11 11
(Patient's Name – Include	all siblings)
	·
I agree that all telephone numb	ers and email addresses I provide may be
	on its behalf to communicate with me via
phone, text, or automated pre-recorde	
phone, text, or automated pre-records	A message.
I acknowledge receipt of the	ohysician's Notice of Privacy Practices.
· · · · · · · · · · · · · · · · · · ·	des detailed information about how the
practice may use and disclose my con	
I understand that the physicia	n has reserved a right to change his or her
_ ·	the Notice. I also understand that a copy
of any Revised Notice will be provid	ed to me or made available to me in the
office or on the web site.	
	is valid until it is revoked by me. I
	nsent at any time by giving written notice
	n. I also understand that I will not be able
	the physician has already relied on it to
•	n. Written revocation of consent must be
sent to the physician's office.	
Signed:	Date:
Signed	Butc
If you are not the patient, please spec	ify your relationship to the patient

CONSENT FORM DEFINITIONS

"Health care operations" refers to a large number of activities, including:

- Conducting quality assessment and improvement activities, including outcome evaluation and
 development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the
 primary purpose of any studies resulting from such activities; patient safety activities (as defined in
 42.C.F.R. 3.20) population-based activities relating to improving health or reducing health care costs,
 protocol development, case management and care coordination, contacting of health care providers and
 patients with information about treatment alternatives; and related functions that do not include
 treatment:
- 2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- 3. Except as prohibited under 45 C.F.R. 164.502(a)(5)(i), underwriting, enrollment, premium rating, and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance);
- 4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
- 5. Business planning and development, such as conducting cost management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and
- 6. Business management and general administrative activities including but not limited to: (a) management activities relating to HIPAA privacy rule compliance; (b) customer services, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer; (c) resolution of internal grievances; (d) due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a covered entity or, following completion of the sale or transfer, will become a covered entity; and (e) creating de-identified health information, fundraising for the benefit of the covered entity, and marketing for which an individual authorization is not required.

"Payment" means the activities undertaken by the physician to obtain reimbursement for the provision of health care. These activities referred to in this definition relate to the individual to whom health care is provided and include, but are not limited to:

- 1. Determination of eligibility coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
- 2. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing;
- 3. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
- 4. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and
- 5. Disclosure to consumer reporting agencies of any of the following information relating to reimbursement: name and address, date of birth, Social Security number, payment history, account number, and name and address of the physician.

"Treatment" means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider or another.

"Use" means the sharing, employment, application, utilization, examination, or analysis of patient information within the physician's practice that maintains such information.