



PATIENT CONSENT FORM

Patient Consent for Use and Disclosure of Protected Health Information

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. The Notice contains a Patient Rights section describing your rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). You have the right to review our Notice before signing this Consent. The terms of our Notice may change at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to: Privacy Officer, Gynecology & Fertility, P.C., 1500 S. 48th Street, Ste. 508, Lincoln, NE 68506.

By signing this form, you consent for Gynecology & Fertility:

- to use and disclose PHI to carry out treatment, payment and health care operations (TPO).
- to call your 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 your clinical care, including laboratory test results, among others.
- to mail to your home or to other alternative location designated by you any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

By signing this form, you understand that:

- you have the right to request that Gynecology & Fertility restrict how it uses or discloses your PHI to carry out TPO. However, Gynecology & Fertility is not required to agree to your requested restrictions.
- you may revoke your consent in writing except to the extent that Gynecology & Fertility has already made disclosures in reliance upon your prior consent.
- if you do not sign this consent, or later revoke it, Gynecology & Fertility may decline to provide treatment to you.

Acknowledged and agreed to by:

PATIENT: _____

By: _____ Date: _____
Print Name: _____

Address: _____

or, ON BEHALF OF PATIENT

By: _____ Date: _____
Print Name: _____
As: _____

Address: _____

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

Gynecology & Fertility, P.C. | 1500 South 48th Street | Suite 508 | Lincoln, NE 68506

I, _____, have received a copy of Gynecology & Fertility, P.C.'s Notice of Privacy Practices.

Signature of Patient

Date