

Renal Specialists of Houston, PA

Patient consent to the use and disclosure of Health Information for treatment and payment of Healthcare Operations

I, _____ understand that as part of my healthcare, Renal Specialists of Houston, PA, originates & maintains paper and/or electronic records describing my health history, symptoms, examinations and test results, diagnosis, treatment and many plans for future care and treatment. I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many health professionals contributing to my care
- A source of information for applying my diagnosis & surgical information to my bill
- A means by which a third-party can verify that services billed were provided and
- A tool for routine healthcare operations such as assessing quality & reviewing the competence of Healthcare professionals.

I understand and have been provided with a Notice of Information Practices that provides a more complete description of information uses & disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent
- The right to object to the use of my health information for directory purposes, and
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations.

I wish to have the following restrictions to the use of disclosure of my health records:

I understand that as part of this organization's treatment, payment or healthcare operations, it may become necessary to disclose my protected health information to another entity and I consent to such disclosure for these permitted uses including disclosure via fax, email, and/or any other electronic means of submission.

I fully understand and accept decline the terms of this consent

Patient's Name

Date

Legal Representative

Relation to Patient