

Consent for Purpose of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Longview Orthopaedic Center, LLC for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct the health care operations of Longview Orthopaedic Center, LLC. I understand that diagnosis or treatment of me by my attending physician may be conditioned upon my consent as evidenced by my signature on this document.

I understand that I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Longview Orthopaedic Center, LLC is not required to agree to the restrictions that I may request. However, if Longview Orthopaedic Center, LLC agrees to a restriction that I request, the restriction is binding on Longview Orthopaedic Center, LLC and my attending physician.

I have the right to revoke this consent, in writing, at any time, except to the extent that my attending physician of Longview Orthopaedic Center, LLC has taken action in reliance on the consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand that I have the right to review Longview Orthopaedic Center's, LLC Notice of Privacy Practices prior to signing this document. The Longview Orthopaedic Center's, LLC Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Longview Orthopaedic Center, LLC.

The Notice of Privacy Practices for Longview Orthopaedic Center, LLC is also posted in Longview Orthopaedic Center's, LLC reception area. This Notice of Privacy Practices also describes my rights and Longview Orthopaedic Center's, LLC duties with respect to my protected health information.

Longview Orthopaedic Center, LLC reserve the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy to be sent in the mail or by asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Description of Personal Representative's Authority

Date