

South Lyon Foot and Ankle Specialists, P.C.
Physicians and Surgeons of the Foot and Ankle

**PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION
AND
ACKNOWLEDGEMENT OF RECEIPT FOR NOTICE OF PRIVACY PRACTICES**

1. My "Protected health information" (PHI) means health information, including my demographic information, collected from me and created or received by my physician. 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 hereby give my consent for South Lyon Foot and Ankle Specialists, P.C. to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (South Lyon Foot and Ankle Specialists, P.C.'s Notice of Privacy Practices provides a more complete description of such uses and disclosures.) I understand that South Lyon Foot and Ankle Specialists, P.C. may refuse to diagnose or treatment, if I do not consent to the use or disclosure of my protected health information for the above stated purposes. (My signature on this document is evidence of this consent.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. South Lyon Foot and Ankle Specialists, P.C. reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to South Lyon Foot and Ankle Specialists, P.C. Privacy Officer at 22245 Pontiac Trail Road, South Lyon, MI 48178.

With this consent, South Lyon Foot and Ankle Specialists, P.C. may call my 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 my clinical care, including laboratory results among others.

With this consent, South Lyon Foot and Ankle Specialists, P.C. may mail or e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that South Lyon Foot and Ankle Specialists, P.C. restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to SOUTH LYON FOOT AND ANKLE SPECIALISTS, P.C.'s use and disclosure of my Protected Health Information (PHI) to carry out treatment, payment and healthcare operations (TPO).

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, or later revoke it, SOUTH LYON FOOT AND ANKLE SPECIALISTS, P.C. may decline to provide treatment to me.

I acknowledge that I was provided a copy of the Summary of Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understand the Notice. I acknowledge that a full detailed copy of "Notice of Privacy Practices" is posted in the waiting room for my review. I am entitled to receive a full detailed copy of "Notice of Privacy Practices", and will be provided such copy by asking the receptionist for one.

Patient Name (Please Print)

Date

Parent or Authorized Representative (if applicable)

Signature