



Consent for Purposes of Treatment, Payment and Health Care Operations

I consent to the use of disclosure of my protected health information by Carolina OMF Imaging for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Carolina OMF Imaging. My "protected health information" means medical, billing, and demographic information about me collected from me and created or received by Carolina OMF Imaging for treatment, payment and health care operations. I understand that diagnosis or treatment of me by Carolina OMF Imaging may be conditioned upon my consent as evidenced by my signature on this document.

I understand 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. Carolina OMF Imaging is not required to agree to the restrictions that I may request. However, if Carolina OMF Imaging agrees to a restriction that I request, the restriction is binding on Carolina OMF Imaging.

I have the right to revoke this consent, in writing, at any time. The revocation will be effective upon receipt, except to the extent that Carolina OMF Imaging has taken action in reliance on this consent.

I understand I have a right to review Carolina OMF Imaging's Notice of Privacy Practices prior to signing this document. Carolina OMF Imaging's Notice of Privacy Practices has been made available to me by the receptionist at the reception area. 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 Carolina OMF Imaging. The Notice of Privacy Practices for Carolina OMF Imaging is also provided at 3200 Blue Ridge Road, Suite 218, Raleigh, NC 27612 and on Carolina OMF Imaging's website at www.carolinaomfimaging.com. This Notice of Privacy Practices also describes my rights and Carolina OMF Imaging's duties with respect to my protected health information.

Carolina OMF Imaging reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a notice of privacy practices by accessing Carolina OMF Imaging's website or calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my appointment.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date