Pulmonary & Sleep Experts PLLC

Breathe Better. Sleep Deeper.

Consent to the use and disclosure of health information for treatment, payment, or other health operations.

Your health information privacy rights include:

- You can ask to get a copy of your medical records. You may request in writing and pay for the cost of copying and mailing
- You can ask to change/add information, if you think something is missing or incomplete
- You have the right to request that our practice communicate with you about your health information in a particular manner or location

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examinations, test results, diagnoses, treatment and any plans of my future healthcare or treatment. I understand that this information serves as:

- A basis for planning my care or treatment
- A means of communication among all health professionals who contribute to my care
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third party biller can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand the practice will use and disclose my information when required to do so by Federal, State, or Local Law. I understand the practice may release my information for workers compensation and similar programs. I understand the practice reserves the right to change their notices and practices and prior to implementation will mail a copy of any revised notices to the address provided. I understand that I have the right to object the use of my health information for directory purposes. I have the right to request restrictions for how my information may be used or disclosed. I understand that I may revoke this consent in writing, except to the extent that the practice has already taken action in reliance thereon.

Signature of patient or responsible party: _____

Date: _____