Consent for Purposes of Treatment. Payment and Health Care Operations

I consent to the use or disclosure of my protected health information by Dr. Bernice R. Swain Family Medicine for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Dr. Bernice R. Swain Family Medicine.

I understand that diagnosis or treatment of me by Dr. Bernice R. Swain 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 health care operations of the practice. Dr. Bernice R. Swain Family Medicine is not required to agree to the restrictions that I may request. However, if Dr. Bernice R. Swain Family Medicine agrees to a restriction that I request the restriction is binding on Dr. Bernice R. Swain Family Medicine and Dr. Bernice R Swain.

I have the right to revoke this consent, in writing, at any time, except to the extent that Dr. Bernice R Swain's or Dr. Bernice R. Swain Family Medicine has taken action in reliance on this 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 I have a right to review Dr. Bernice R. Swain Family Medicine’s Notice of Privacy Practices prior to signing this document.

The Notice of Privacy Practices of Dr. Bernice R. Swain Family Medicine 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 the Dr. Bernice R Swain's Practice.

The Notice of Privacy Practices for Dr. Bernice R. Swain Family Medicine is also provided in the office of Dr. Bernice R. Swain and on the practice’s web site at www.drswain.info.

This Notice of Privacy Practices also describes my rights and the duties of Dr. Bernice R. Swain Family Medicine with respect to my protected health Information.

Dr. Bernice R. Swain Family Medicine reserves 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 accessing the Dr. Bernice R. Swain Family Medicine website, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

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Signature of Patient or Representative

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Name of Patient or Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date