Colon & Rectal ASSOCIATES

Leaders and Innovators in
Colon and Rectal Surgery

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Consent for the Use or Disclosure of Protected Health Information

As required by the Health Insurance Portability and Accountability Act of 1996, Colon & Rectal Associates may use your personal health information for the purposes of treatment, payment or health care operations. The specific uses and disclosures that we intend to make are described in our Notice of Privacy Practices. You have the right to review the Notice of Privacy Practices prior to signing this consent form. You may request restrictions on the uses and disclosures described in the Notice of Privacy Practices by describing the requested restrictions and completing the Restriction Request Form. You may revoke this consent at any time by signing and dating the revocation section on your copy of the form and returning it to this office. If you refuse to sign this consent, Colon & Rectal Associates is under no obligation to treat you as a patient.

I, _____(print name) hereby consent to the use and disclosure of my personal health information for the purposes of treatment, payment and heath care operations. My signature below indicates that I have received, reviewed, and understood Colon & Rectal Associates' Notice of Privacy Practices and have been given the opportunity to have any questions answered before signing.

I understand that I may request restrictions on the uses and disclosures of my health information at any time by completing and signing the Restriction Request Form and I further understand that Colon & Rectal Associates is not required to accept my restriction request.

I understand that I may revoke this consent at any time by signing the revocation section of my copy of this form and returning it to Colon & Rectal Associates. I further understand that any such revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on this consent.

_____   _____
Signature   Date

Date of Birth: _____

REVOCATION SECTION
I hereby revoke this consent.

_____   _____
Signature   Date