

Women First OB/GYN Center

**PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

With my consent, Women First Ob/GYN Center may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Women First Ob/GYN Center's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Women First Ob/GYN Center reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be viewed at the office of Women First Ob/GYN Center.

With my consent, Women First Ob/GYN Center may call my home or other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, and insurance inquiries.

With my consent, Women First Ob/GYN Center may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

With my consent, Women First Ob/GYN Center may e-mail to my home or other designated 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 Women First Ob/GYN Center restrict how it uses or discloses my PHI to carry out TPO. Women First Ob/GYN Center will not honor such requested restrictions as we believe that the systems that we have in place to monitor and notify patients about follow up visits, tracking mammograms, tracking pap smears, and patient notification policies is inherent to a quality safe practice policy. If you believe strongly in your requested restrictions we will assist you in finding alternative health care options.

By signing this form, I am consenting to Women First Ob/GYN Center's use and disclosure of my PHI to care out 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, Women First Ob/GYN Center will decline treatment to me.

I understand I am to pay for services at the time they are rendered. However, I have requested Women First to bill my insurance company on my behalf for these services. I understand that it is still my responsibility to make sure the bill is paid in a reasonable time. If for any reason any portion of my bill is not paid by my insurance company, I further agree to make arrangements for prompt payment of my bill.

Print Patient's Name

Date

Signature of Patient or Legal Guardian