The Orthopaedic and Sports Medicine Center L.L.C.

Leaders in Specialty Orthopaedic Care

Please use BLACK INK

CONSENT FOR RELEASE OF INFORMATION FOR THE TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

I, ____, understand that as part of my healthcare, **Orthopaedic and Sports Medicine Center (O.S.M.C.)** originates and maintains health records describing my health history, symptoms, examinations and test results, diagnoses, treatment, and plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many 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 payer 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 and have been provided with a **"Notice of Privacy Practices"** that provides a more complete description of how O.S.M.C. may use and disclosure my health information. I understand that I have the right to review the notice prior to signing this consent.

I understand that the organization reserves the right to change their notice and practices and that I can obtain such changed **"Notice"** upon request.

I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that **O.S.M.C.** is not required to agree to the restrictions requested.

I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

I fully understand and accept the terms of this consent.

____ ____________________

Signature of patient or patient's representative Date

____

Printed name of patient or patient's representative

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Relationship to the patient (if applicable)

Form: 2009 Consent form