

## Consent for Purposes of Treatment, Payment and Health Care Operations

I consent to the use or disclosure of my protected health information by Urology Specialists for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct the practice's health care operations. I understand that diagnosis or treatment of me by Dr. Steven W. Sukin or Dr. Patrick J. Zielie may be conditioned upon my consent as evidenced by my signature on this document.

***My "protected health information" encompasses 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 is protected health information relates to my past, present or future physical or mental health and identifies me or provides reasonable basis for identifying me.***

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 the practice's healthcare operations. Urology Specialists is not required to agree to the restrictions that I may request, however if Urology Specialists agrees to a requested restriction, that restriction is binding on both the practice and the attending physician.

I have the right to revoke this consent, in writing, at any time, except to the extent that Urology Specialists has taken action in relevance on this consent.

I understand I have a right to review Urology Specialists ***Notice of Privacy Practices*** prior to signing this document. This Notice of Privacy Practices has been provided to me and is available upon request. 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 the performance of health care operations of Urology Specialists. It also describes my rights and Urology Specialists duties with respect to my protected health information.

Urology Specialists 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 calling the office and requesting that a revised copy be sent in the mail or asking for one at the time of my next appointment.

**I authorize Urology Specialists to call my home or work to remind me of an appointment or to reschedule an appointment. I also authorize Urology Specialists to leave scheduling information on my answering machine, or voicemail system.**

X \_\_\_\_\_  
Signature of Patient or Personal Representative

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Printed name of Patient or Personal Representative

X \_\_\_\_\_  
Description of Personal Representative's Authority