

FOOT AND ANKLE CENTER OF OCALA, P.A.
6160 SW HWY 200, SUITE 100 OCALA, FL 34476

CONSENT FOR USE/DISCLOSURE OF HEALTH INFORMATION

By signing you grant us consent to use and disclose your protected health care information for the purposes of treatment, various activities associated with payment, and health care operations. Our Notice of Privacy Practices provides more details on our treatment, payment activities and health care operations. If there is not a copy of the Notice accompanying this Consent form, please ask for one. We encourage you to read it since it provides details on how information about you may be used and/or disclosed and describes certain rights you have regarding your health care information.

As stated in our Notice of Privacy Practices, we reserve the right to change our privacy practices. If we should do so, we will issue a revised Notice. Since revisions may apply to the health care information we maintain on you, you have a right to receive a copy by contacting the Foot & Ankle Center of Ocala.

You have the right to revoke your consent by giving written notice to the Foot & Ankle Center of Ocala. The revocation will not affect actions that were already taken in reliance upon this consent. You should also understand that if you revoke this consent, we may decline to treat you.

I understand that I am entitled to a copy of this Consent Form after I have signed it and a copy of the Notice of Privacy Practices.

I acknowledge that I have been provided with a copy of the Notice of Privacy Practices and that I have read and understand the Notice.

I understand that I am giving you my consent to use and disclose my health care information to carry out treatment, payment activities and health care operations.

HIPPA Consent for Use/Disclosure of Health Information

This form does not constitute legal advice and covers only federal, not state laws.

Patient/Responsible Party Signature

Date