



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

I hereby give my consent for Physician's Choice Wellness to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations. The Notice of Privacy Practices provided by Sullivan Family Care describes such uses and disclosures more completely and is continually posted on the wall in the waiting room at Sullivan Family Care.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Sullivan Family Care reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice may be obtained by forwarding a written request to Sullivan Family Practice.

With this consent, Physician's Choice Wellness may call my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS, such as appointment reminders, calls pertaining to clinical care, including lab test results, among others.

With this consent, Physician's Choice Wellness may mail to my home or other alternative location any items that assist the practice in carrying out TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS, such as appointment reminder cards and patient correspondence.

With this consent, Physician's Choice Wellness may email to my home or other alternative location any items that assist the practice in carrying out TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS, such as appointment reminders and patient correspondence. I have the right to request that Physician's Choice Wellness restrict how it uses or discloses my PHI to carry out TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow Physician's Choice Wellness to use and disclose my PHI to carry out treatment, payment and health care operations.

I may revoke my consent in writing except to the extent that the practice already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Physician's Choice Wellness may decline to provide treatment to me.

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Signature

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Date