

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, 1st Choice Health and Wellness, may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to 1st Choice Health and Wellness Notice of Privacy Practices for a more complete description of such uses and disclosures. I have the right to review your Notice of Privacy Practices prior to signing this consent. 1st Choice Health and Wellness reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to our Privacy Officer at 2441 State St ste 10 New Albany, IN 47150

With my consent, 1st Choice Health and Wellness may call my home or office and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO such as appointment reminders, insurance items, and any call pertaining to your clinical care, including laboratory results among others.

With my consent, 1st Choice Health and Wellness may mail to my home or office any items that assist the practice in carrying out TPO such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With my consent, 1st Choice Health and Wellness may e-mail my home or office 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 1st Choice Health and Wellness, restrict how 1st Choice Health and Wellness uses or discloses my PHI to carry out TPO. However, 1st Choice Health and Wellness is not required to agree to my requested restrictions, but if 1st Choice Health and Wellness does, they are bound by our agreement.

By signing this form, I am consenting to 1st Choice Health and Wellness use and disclosure of my PHI to carry out TPO. This consent may be revoked in writing except to the extent that 1st Choice Health and Wellness has already made disclosures in reliance upon my prior consent. If I decline to sign this consent, 1st Choice Health and Wellness may decline to provide treatment to my self/child/children.

Signature of Patient/Parent or Legal Guardian

Date

Print name of Patient/Parent or Legal Guardian