

**FOOT AND ANKLE CENTER OF NORTHERN COLORADO**

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

I hereby give my consent for Foot and Ankle Center of Northern Colorado to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (Foot and Ankle Center of Northern Colorado’s Notice of Privacy Practices provides a more complete description of such uses and disclosures.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Foot and Ankle Center of Northern Colorado reserves the right to revise the Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Foot and Ankle Center of Northern Colorado Privacy Officer at 1931 65<sup>th</sup> Ave. Ste. A, Greeley, CO 80634.

With this consent, Foot and Ankle Center of Northern Colorado may call my home or other alternative location 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 my clinical care, including laboratory results among others.

With this consent, Foot and Ankle Center of Northern Colorado may mail to my home or other alternative location 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 this consent, Foot and Ankle Center of Northern Colorado may e-mail to my home or other alternative location 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 Foot and Ankle Center of Northern Colorado restrict how it uses my PHI to carry out TPO.

However, the practice is not required to agree to my requested restriction, but if it does , it is bound by this agreement.

By signing this form, I am consenting to FOOT AND ANKLE CENTER OF NORTHERN COLORADO’S use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Foot and Ankle Center of Northern Colorado may decline to provide treatment to me.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient’s Name

\_\_\_\_\_  
Print Name of Patient or Legal Guardian