



**ACKNOWLEDGEMENT & CONSENT TO USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS**

You are receiving healthcare services from MedCenter North, PC. You agree that all records concerning your care within MEDCENTER NORTH, PC shall remain the property of MEDCENTER NORTH, PC. You understand and agree that such information is used for: (1) your treatment - the provision and coordination of your healthcare which may require disclosure of all or any portion of your medical record information to your attending physician, consulting physician(s) and other health care providers who have a legitimate need for such information in the care and continued treatment of the patient, (2) payment for your services - billing, claims management, medical data processing, reimbursement and for determining coverage which may necessitate disclosure of such information to any insurance company, third party payor or other entity (or their authorized representatives), including any copies or excerpts of your medical record which are necessary for payment of patient's account, (3) routine healthcare operations -including, but not limited to, quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of MEDCENTER NORTH, PC; and (4) medical research and educational purposes. You acknowledge that you have been provided with a MEDCENTER NORTH, PC Notice of Health Information Practices that provides a more complete description of the uses and disclosures of the patient's healthcare information, and that the Notice has been reviewed prior to the signing of this consent. You understand that MEDCENTER NORTH, PC reserves the right to change the Notice and that MEDCENTER NORTH, PC will provide you with a revised Notice when you come to MEDCENTER NORTH, PC. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Restrictions Requested:

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\_\_\_\_\_  
\_\_\_\_\_

MEDCENTER NORTH, PC: \_\_\_\_\_ Agree \_\_\_\_\_ Not Agree

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_