

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, Cynthia D. Hensley MD, PA may use and disclose protected health information (PHI) about me to carry out Treatment, Payment and Healthcare Operations (TPO). Please refer to Cynthia D. Hensley MD, PA’s Notice of Privacy Practices for 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. Cynthia D. Hensley MD, PA 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 ATTN: Privacy Officer at 26661 Dublin Woods Circle Bonita Springs, FL 34135.

With my consent, Cynthia D. Hensley MD, PA may call my home or other designated 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 my consent, Cynthia D. Hensley MD, PA may mail to my home or other designated 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 Cynthia D. Hensley MD, PA restrict how it uses or discloses my PHI to carry out TPO. However, 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 Cynthia D. Hensley MD, PA’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, Cynthia D. Hensley MD, PA may decline to provide treatment to me. I have been given an opportunity to read information about privacy and security regarding my protected health information and I agree to allow minimum disclosure on an “as needed” basis in order for Cynthia D. Hensley MD, PA to carry out TPO. I have also been given an opportunity to ask questions about and receive more information about HIPAA. Furthermore, I have been provided with written information about HIPAA including information on how my PHI is used within this practice.

Signature of Patient

Patient’s Name (printed)

Date