

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

With my consent, Christine Edwards, M.D. may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Christine Edwards, M.D.'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. Christine Edwards, M.D. 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 Christine Edwards, M.D. Privacy Officer at 9750 N.W. 33 Street, Suite 204, Coral Springs, FL 33065.

With my consent, Christine Edwards, M.D. may call my home or other designated location and leave a message on voice mail/answering machine 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 Christine Edwards, M.D. may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as patient statements as long as they are marked Personal and Confidential.

I have the right to request that Christine Edwards, M.D. 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 Christine Edwards, M.D.'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, Christine Edwards, M.D. may decline to provide treatment to me.

\_\_\_\_\_  
Signature of Patient/Legal Guardian

\_\_\_\_\_  
Print name of Patient/Legal Guardian

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date