

JOINT RECONSTRUCTIVE SPECIALISTS
3115 S.W. 89TH
OKLAHOMA CITY, OK 73159

**CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION
FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS**

I understand that as part of my health and medical information, Joint Reconstructive Specialists originates and maintains medical and health records describing my health history, symptoms, examination and test results, diagnosis, treatment, and any plans for future care and treatment. I further understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the health professionals who contribute to my care
- A source of information for applying in my diagnosis and treatment information to my bill
- A means for third-party payer to verify that services were billed as actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I further understand and agree that this agreement to release information shall apply to all information accumulated up to this date and any information acquired in the future. This agreement to release future information shall remain in force until such times, as I shall revoke in writing.

I understand and have been provided with a **PATIENT PRIVACY NOTICE**, which provides a more complete description of information uses and disclosure. I understand that I have the right to review the PATIENT PRIVACY NOTICE prior to signing this consent. I understand that Joint Reconstructive Specialists reserves the right to change their notice and practices, but that prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to object to the use of my health information for the directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that Joint Reconstructive Specialists is not required to agree to this restrictions requested. I understand that I must revoke this consent in writing, except to the extent the organization has already taken action in reliance thereon.

By Oklahoma law we are required to notify you...that **the information authorized for release may include records which may indicate that presence of communicable or venereal disease, which may include, but are not limited to, disease such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).**

Information may be released to the following individuals/organizations for the indicated purpose:

I request the following restrictions to the use and/or disclosure of my health information:

You may _____ or may not _____ leave (appointment reminders or medical information) on my message service or answering machine.

Signature of Patient or Legal Representative

Date notice effective

Joint Reconstructive Specialists _____ accepts _____ denies _____ accepts conditionally the restrictions imposed on the release of information as stated above

Signature/Title

Date