

Consent for Purposes of Treatment, Payment and Health Care Operations

I consent to the use or disclosure of my **protected health information** by Heather Feray Bohan, D.D.S, PA for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct the practice's health care operations. I understand that diagnosis or treatment of me by Dr. Heather Feray Bohan may be conditioned upon my consent as evidenced by my signature on this document.

My "protected health information" encompasses health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health and identifies me or provides reasonable basis for identifying me.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or the practice's health care operations. Heather Feray Bohan, D.D.S, PA is not required to agree to the restrictions that I may request. However, if Heather Feray Bohan, D.D.S, PA, agrees to a requested restriction, that restriction is binding on both the practice and the attending physician.

I have the right to revoke this consent, in writing, at any time, except to the extent that Heather Feray Bohan, D.D.S, PA, has taken action in reliance on this consent. If I am referred to a specialist by Heather Feray Bohan, D.D.S, I hereby authorize that specialist to release to Dr. Heather Feray Bohan's office my medical information relative to the tests, treatments and specialists conclusions related to that specialist referral.

I understand I have a right to review Heather Feray Bohan, D.D.S, PA's, *Notice of Privacy Practices* prior to signing this document. This Notice of Privacy Practices has been provided to me and is also available in the waiting area of Heather Feray Bohan, D.D.S, PA's lobby and in the exam rooms. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or the performance of health care operations of Heather Feray Bohan, D.D.S, PA's duties with respect to my protected health information. Heather Feray Bohan, D.D.S, PA, reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting that a revised copy be sent in mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority