

Notice of Privacy Practices – Acknowledgment & Consent
PATIENT CONSENT FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION

I hereby give consent for Dr. Jeffrey A. Klemes, aka Beverly Hills Foot and Ankle Center to use and disclose protected health information (PHI) about me to carry out Treatment, obtaining Payment and supporting the day-to-day health care Operations (TPO) of this office. The Notice of Privacy Practices provided by Beverly Hills Foot and Ankle Center describes such uses and disclosures in detail.

With this consent, Beverly Hills Foot and Ankle Center may call my home or alternative location, and leave a message on voice mail or with a person, in reference to any items that assist the practice in fulfilling TPO. This includes appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results, among others.

With this consent, Beverly Hills Foot and Ankle Center may mail to my home or alternative location any items that assist the practice in fulfilling TPO, such as appointment reminder cards and patient statements.

I have the right to request that Beverly Hills Foot and Ankle Center restrict how it uses or discloses my PHI to fulfill TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

I may revoke my consent in writing to the extent that the practice has already made disclosures in reliance upon my prior consent (i.e. any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected). If I do not sign this consent, or later revoke it, Beverly Hills Foot and Ankle Center may decline to provide treatment to me.

By my signature below, I acknowledge that I have read (or had the opportunity to read if I so chose), was provided or can request a copy of the HIPAA Notice of Privacy, and give my permission to use and disclose my health information as stated above.

X _____
Signature of Patient or Legal Guardian

Date



Method of Communication of Protected Health Information

I wish to be contacted in the following manner (check all that apply):

1. Home telephone: _____
 Work telephone: _____
 Cell phone: _____

 Ok to leave message with detailed information
 Leave message with call back number only

2. Written communication

 OK to mail to home address
 OK to mail to work/office address
 OK to fax to this number: _____

I authorize the release of my patient health information (PHI) to the following personal contacts (Spouse, Child, etc.) or discuss account/billing information. I understand it is my responsibility to notify Beverly Hills Foot and Ankle Center of any changes in the information below.

Name	Relationship
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Name	Relationship
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I hereby acknowledge the receipt of the Notice of Privacy Practices. A personal copy of the Privacy Practices will be available per my request.

Signature of Patient or Legal Guardian)

Date

