

Mid-South Perinatal Associates, PC
Patient Consent for Physician to Use or Disclose Health Care
Information for Treatment, Payment and Health Care Operations

Patient Name: _____ **Date of Birth:** _____ **Social Security Number:** _____

I understand that my health information is private and confidential. I understand that Mid-South Perinatal Associates, PC works very hard to protect my privacy and preserve the confidentiality of my personal health information.

I understand that signing this document means that Mid-South Perinatal Associates, PC may use and disclose my personal health information to help provide health care to me, to handle billing and payment, and to take care of other health operations. Failure to sign this consent may result in the physician declining to treat me.

Mid-South Perinatal Associates, PC has a detailed document called "Notice of Privacy Practices". It contains more information about policies and practices used to protect their patients' privacy. I understand that I have the right to read the "Notice" before signing this agreement.

Mid-South Perinatal Associates, PC may update this "Notice of Privacy Practices". If I ask, Mid-South Perinatal Associates, PC will provide me with most current "Notice of Privacy Practices".

Under the terms of this consent, I can ask Mid-South Perinatal Associates, PC to restrict how my personal health information is used or disclosed to carry out treatment, payment, or health care operations. I understand that Mid-South Perinatal Associates, PC does not have to agree to my request. If Mid-South Perinatal Associates, PC does not agree to my request, I understand that Mid-South Perinatal Associates, PC would follow the agreed limits.

I understand that I have the right to cancel this consent in writing, at any time. If I do cancel the consent, I understand that Mid-South Perinatal Associates, PC may have already used or disclosed information about me and canceling this consent would not effect the information already used or disclosed.

I may cancel this consent at any time by doing one of the following:

1. Signing and dating a form that Mid-South Perinatal Associates, PC can give me called "Revocation of Consent for Use and Disclosure of Health Care Information", or
2. Writing, signing, and dating a letter to Mid-South Perinatal Associates, PC. If I write a letter, it must say that I want to revoke my consent to authorize the use and disclosure of the patient's personal health information for treatment, payment, and health care operations.

I understand that if I cancel this consent, Mid-South Perinatal Associates, PC does not have to provide any further health care services to me.

My signature below indicates that I have been given the chance to review a current copy of Mid-South Perinatal Associates, PC "Notice of Privacy Practices".

Patient or legally authorized individual signature

Date

Relationship to patient if signed by anyone other than
The Patient (parent, legal guardian, personal representative, etc.)