

Mountain Sports Acupuncture

333 South State St, Suite W

Lake Oswego, OR 97034

CONSENT TO USE AND DISCLOSE HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examinations and test results, diagnoses, treatment and any plans for future care of treatment. I consent to the use of disclosure of my identifiable health information by Mountain Sports Acupuncture for the purpose of diagnosis or providing treatment, obtaining payment or to conduct health care operations.

I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among the many healthcare professionals who contribute to my care.
- A source of information for applying my diagnosis to my bill.
- A tool for routine healthcare operations such as assessing care quality and reviewing the competence of healthcare professionals.

I understand that I have the right:

- To object to the use of my health information for directory purposes.
- To request restriction to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations—and that the organization is not required to agree to the restrictions requested.
- To revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereupon.

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

Patient:

Patient Signature or Legal Representative

Date

Printed Name

Office Use Only:

Signature: _____

Date: _____

Print Name: _____