

This policy outlines the way Patient Health Information (PHI) will be used in this office and the patient's right concerning those records. With patient consent, Center for Musculoskeletal (MSK) Care may use and disclose protected health information to carry out treatment, payment, and healthcare operations only. Please review the Health Information Portability and Accountability Act (HIPAA) Notice, for a more detailed account of our privacy policies that are available to you at the front desk and at our website.

1. The Center for MSK Care will do its best to protect Patient Health Information (PHI). The Center for MSK Care may use and/or disclose my PHI for the purpose of treatment, payment, health care operations and coordination of care. I agree to allow this office to submit requested PHI to the payor(s) named by the patient for the purpose of payment.
2. The Center for MSK Care will not release your information for any purposes without your signed consent. The patient written consent is valid for as long as the patient receives care at this office, however the patient has a right to revoke this consent in writing, at any time. A revocation of consent will not apply to any prior care or service.
3. The patient has the right to review and obtain a copy of their records at any time and make amendments to those records. Records may be obtained by submitting a written request.
4. The Center for MSK Care reserves the right to change its privacy practices that are described in Center for MSK Center Notice of Privacy Practices, in accordance with applicable laws.
5. The patient has a right to submit a written request on the use of their PHI. However, the Center for MSK Care is not required to agree to those restrictions.
6. The Center for MSK Care protects patient's PHI. Staff has been trained in the area of patient record privacy and privacy official has been designated to enforce those procedures. Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.
7. I consent to the following appointment reminders that will be used by the Center for MSK Care (please initial).
 - a). _____ Call my home, or another designated number and leave a message, recorded or with a person.
 - b). _____ Mail to address provided by patient
 - c). _____ E-mail to my home or address provided
8. I understand that the Center for MSK Care has the right to refuse treatment if I revoke this consent at any time.

CONSENT TO PROFESSIONAL TREATMENT

The patient acknowledges request of healthcare services. The doctors and practitioners of Center for Musculoskeletal Care are authorized to perform treatment as deemed necessary. The patient certifies that all information provided is true and correct, to the best of their knowledge. The patient may refuse treatment at any time. By signing below, I have weighted the risks and benefits in undergoing treatment and have decided to initiate treatment at this time. I hereby give consent to treatment.

ASSIGNMENT OF INSURANCE BENEFITS

I hereby assign all benefits for services rendered under the terms of my insurance policy to be paid to this provider. I also authorize Center for MSK Care to release any information required by my insurance company in order to process claims.

I have read and understand the Center for Musculoskeletal Care Privacy Policy and Consent to Treatment. My questions have been answered and I thoroughly acknowledge, understand, agree to and accept all of the above information.

SIGNATURE

PRINTED NAME

DATE

RELATIONSHIP TO PATIENT (if minor)