



CONSENT FOR USE AND DISCLOSURE OF 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, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many health professionals who contribute to my care
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third-party payer can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand a *Notice of Privacy Practices* has been posted that provides a more complete description of information uses and disclosures. I understand that I have the right to request my own copy and I have the right to review the notice prior to signing this consent. I understand that I have the right to object to the use of my health information. I understand that I have the right to request restrictions as 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. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

- As a courtesy to you, our office will file insurance for all services to primary and secondary insurance.
- I authorize the release of any medical information necessary to process my claim and I authorize payment of benefits directly to Cedar Park Surgeons, PA and either Nicole Basa, M.D. or Alan Abando, M.D.

Patient (or Responsible party): _____ Date: _____
(Print)

Signature of Patient or Legal Representative Witness: _____
(Sign)