

## SOUTHPARK INTERNAL MEDICINE

### Patient Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for **SouthPark Internal Medicine** to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations.

**\*The Notice of Privacy Practices** provided by **SouthPark Internal Medicine** describes such uses and disclosures more completely. We will provide a copy upon request.

I have the right to review the Notice of Privacy Practices prior to signing this consent. **SouthPark Internal Medicine** reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to:

\*Attn: Kathy Stanis 9088 S Ridgeline Blvd, Suite 201, Highlands Ranch, CO 80129.

With this consent, **SouthPark Internal Medicine** may call my home or other alternative location and leave a message on voicemail or in person to provide care such as: appointment reminders, insurance items and calls to ask me to respond. No privileged information will be left on a message or with a family member unless written permission has been signed.

With this consent, **SouthPark Internal Medicine** may mail to my home reminder letters, patient statements, and results of care/treatment.

With this consent, **SouthPark Internal Medicine** may send emails through WebView regarding my care.

I have the right to request that **SouthPark Internal Medicine** restrict how it uses or discloses my **PHI**: Personal Health Information. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow **SouthPark Internal Medicine** to use and disclose my PHI to carry out my medical care. **SouthPark Internal Medicine** endorses, supports, and participates in CORHIO Health Information Exchange which provides PHI to be securely and effectively shared with other physicians and health care providers participating in the CORHIO Health Information Exchange. Using CORHIO HIE is a means to improve quality health and healthcare experiences. However, you may choose to opt-out of participation in the CORHIO HIE, or cancel an opt-out choice, at any time.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, **SouthPark Internal Medicine** may decline to provide treatment to me.

**Patient Signature or Legal Guardian:** \_\_\_\_\_

**Print Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Patient Name or Legal Guardian, if applicable:** \_\_\_\_\_