

BRADENTON PODIATRY CENTER

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ELLENTON FOOT CLINIC

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(941) 729-5588

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Consent to the 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:

- 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 and have been provided with a *Notice of Privacy Practices* that provides a more complete description of information uses and disclosures. I understand that I have a right to review the notice prior to signing this consent. I understand that this organization reserves the right to change their notice and practices. I understand that I have a right to object to the use of my health information for directory purposes. 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 this 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 this organization has already taken action in reliance thereon.

May we release information to anyone other than you? YES / NO (i.e. spouse, child, friend, etc.)
If the answer is YES, Please list each person:

Name: _____ Relationship: _____ Contact Info: _____

Name: _____ Relationship: _____ Contact Info: _____

Name: _____ Relationship: _____ Contact Info: _____

Signature of Patient or Legal Representative

Date