

PATIENT CONSENT FORM

**Effective April 14,2003 per Health Insurance Portability and Accountability Act of 1996
(HIPPA)**

Patient Consent for Use and disclosure of Protected Health Information

I hereby give my consent for Village Health Family and Urgent Care to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). (The Notice of Privacy Practices provided by Village Health Family and Urgent Care describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Village Health Family and Urgent Care reserves the right to revise its Notice O Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Kathleen, at Village Health, 12150 Thirty Mile Rd., Washington, MI 48095.

With this consent, Village Health Family and Urgent Care may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, Village Health Family and Urgent Care may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."

With this consent, Village Health Family and Urgent Care may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Village Health Family and Urgent Care restrict how it uses or discloses my PHI to carry out TPO. 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 Village Health Family and Urgent Care to use and disclose my PHI to carry out TPO.

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, Village Health Family and Urgent Care may decline to provide treatment to me.

Signed by: _____
Signature of Patient or Legal Guardian Date Relationship to Patient

Print Patient's Name Print Name of Legal Guardian, if applicable

Patient/guardian must be provided with a signed copy of this authorization/consent form.