

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

I consent to the use or disclosure of my protected health information by The Downtown MedCenter(Downtown Clinic, Inc.) for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of The Downtown MedCenter(Downtown Clinic, Inc.) I understand that diagnosis or treatment of me by The Downtown MedCenter(Downtown Clinic, Inc.) may be conditioned upon my consent as evidenced by my signature on this document.

I understand, I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. The Downtown MedCenter(Downtown Clinic, Inc.) is not required to agree to the restrictions that I may request. However, if The Downtown MedCenter(Downtown Clinic, Inc.) agrees to a restriction that I request, the restriction is binding on The Downtown MedCenter(Downtown Clinic, Inc.)

I have the right to revoke this consent, in writing, at any time, except to the extent that The Downtown MedCenter(Downtown Clinic, Inc.) has taken action in reliance on this consent.

My "Protected Health Information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a healthcare clearing house. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand that I have a right to review the Notice of Privacy Practices of The Downtown MedCenter (Downtown Clinic, Inc.) and that the document has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of The Downtown MedCenter(Downtown Clinic, Inc.) The Notice of Privacy Practice document is also available at the reception desk. This Notice of Privacy Practices for The Downtown MedCenter(Downtown Clinic, Inc.) also describes my rights and The Downtown MedCenter(Downtown Clinic, Inc.) duties with respect to my protected health information.

The Downtown MedCenter(Downtown Clinic, Inc.) reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next visit.

Signature of patient or patient's representative

Name of patient or patient's representative/relationship to patient

Date