

Anchorage Foot and Ankle Clinic LLC

Patient Consent For The Use And Disclosure Of Protected Health Information

I hereby give my consent to Anchorage Foot and Ankle Clinic LLC to use and disclose Protected Health Information (PHI) about me to carry out Treatment, Payment, and Health Care Operations (TPO). Anchorage Foot and Ankle Clinics LLC Notice of Privacy Practices provides a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Anchorage Foot and Ankle Clinic LLC reserve the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy may be obtained by forwarding a written request to: Anchorage Foot and Ankle Clinic LLC, Privacy Officer, 1000 E Dimond Blvd Suite 201, Anchorage, AK 99515.

With this consent, Anchorage Foot and Ankle Clinic LLC 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 results among others.

With this consent, Anchorage Foot and Ankle Clinic LLC 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.

With this consent, Anchorage Foot and Ankle Clinic LLC may e-mail to my home or other alternative locations 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 Anchorage Foot and Ankle Clinic LLC restrict how it uses or discloses my PHI to carry out TPO.

However, this practice is not required to agree to my request restricting, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Anchorage Foot and Ankle Clinic LLC's use and disclosure of my PHI to carry out TPO.

I may revoke consent in writing except to the extent that this practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Anchorage Foot and Ankle Clinic LLC may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patients Name

Print Name of Patients Name or Legal Guardian

Date