

Patient Name _____
Date of Birth _____
Today's Date _____

Consent of Treatment

The practice of Renal Care Consultants PC is committed to your health care and needs. This includes your treatment which is activities performed by a physician and other health care providers directly delivering care to you, coordinating or managing care provided to you with third parties, and consultations with and between physicians and other health care providers.

We are committed to preserving the privacy of your personal health information. In fact, we are required by federal law to protect the privacy of your medical information and to provide you with a notice describing how medical information about you may be used and disclosed in addition to how you can access this information.

You may review our "Notice of Privacy Practices" for additional information about the uses and disclosures of information described in this consent prior to signing the consent.

Because we have reserved the right to change our privacy practices in accordance with the law, the terms contained in the notice may change also. We will post a copy of the notice in the lobby of our office, and the notice will have, in the upper right corner of the first page, the effective date of the notice. We will offer you a copy of the notice on your first visit to us after the effective date of the then current notice. We will also provide you with a copy of the notice upon your request. If you have not yet received a copy of our current notice, please ask at the front desk and we will provide you with one.

As more fully explained in the notice, you have the right to request restrictions on how we use and disclose your protected health information for treatment, payment, and health care operations purposes. We are not required to agree to your request. If we do agree, we are required to comply with your request unless the information is needed to provide you emergency treatment.

We are required by law to have your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment. We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization.

If you have any questions, concerns or complaints about the notice or your medical information, please ask to speak to our compliance officer who can be reached at (541) 734-3480.

You have the right to revoke this consent provided that you do so in writing, except to the extent that we have already used or disclosed the information in reliance on this consent.

Signature of Patient

Date