



## Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Orthopedic Associates of Dutchess County, P.C., for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Orthopedic Associates of Dutchess County, P.C. I understand that diagnosis or treatment of me by Orthopedic Associates of Dutchess County, P.C., may be conditioned upon my consent as evidenced by my signature of this document.

\*\*\*\*\*Signed \_\_\_\_\_ Date \_\_\_\_\_\*\*\*\*\*  
Signature of Patient/Legal Guardian if patient is a minor

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. Orthopedic Associates of Dutchess County, P.C., is not required to agree to the restrictions that I may request. However, if Orthopedic Associates of Dutchess County, P.C., agrees to a restriction that I request, the restriction is binding on Orthopedic Associates of Dutchess County, P.C.

I have the right to revoke this consent, in writing, at any time, except to the extent that Orthopedic Associates of Dutchess County, P.C., 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 health care clearinghouse. This protected 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 I have a right to review Orthopedic Associates of Dutchess County, P.C.'s Notice of Privacy Practices prior to signing this document. Orthopedic Associates of Dutchess County, P.C.'s Notice of Privacy Practices has been offered 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 Orthopedic Associates of Dutchess County, P.C. The notice of Privacy Practices for Orthopedic Associates of Dutchess County, P.C. is also provided in the reception area and on Orthopedic Associates of Dutchess County, P.C. website at [www.orthoadc.com](http://www.orthoadc.com). This Notice of Privacy Practices also describes my rights and Orthopedic Associates of Dutchess County, P.C.'s duties with respect to my protected health information.

Orthopedic Associates of Dutchess County, P.C. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by accessing Orthopedic Associates of Dutchess County, P.C.'s website, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

\*\*\*\*\*Signed \_\_\_\_\_ Date \_\_\_\_\_\*\*\*\*\*  
Signature of Patient/Legal Guardian if patient is a minor

Name of Patient \_\_\_\_\_

Description of Guardian \_\_\_\_\_