



CONSENT TO THE USE & DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS

I, _____, understand that as part of my healthcare, Pride Medical, Inc. originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among the many healthcare professionals who contribute to my care.
- A source of information for applying my diagnosis and surgical information to my bill.
- A means by which a third-party payer; my insurance company, can verify that the services billed were actually provided.
- A tool for routine healthcare operations, such as assessing quality and reviewing the competence of healthcare professionals.

I understand and have been provided with a "Notice of Privacy Practices" that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notices prior to signing this consent. I understand that Pride Medical, Inc. reserves the right to change their notice and practices and prior to implementation, will mail a copy of any revised notice to the address I have provided. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations. I further understand that Pride Medical, Inc. is not required to agree to the restrictions requested. I understand that I may revoke this consent, in writing, at any time except to the extent that Pride Medical, Inc. has already taken action in reliance thereon.

I wish to have the following restrictions placed on the use and/or disclosure of my health information:

I fully understand and accept / decline the terms of this consent.

Signature of Patient or Legal Guardian

Date