



5323 S. Woodrow St., Suite 202, Salt Lake City, UT 84107 801-713-0606 Fax 801-713-0609

Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Utah Bone and Joint Center 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 Utah Bone and Joint Center. I understand that diagnosis or treatment of me by Dr. Bertin, Dr. Skedros, and/or Dr. Nelson 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 Utah Bone and Joint Center is not required to agree to the restrictions that I may request. However, if the Utah Bone and Joint Center agrees to a restriction that I request, the restriction is binding on the Utah Bone and Joint Center and the physician who preformed the services. I have the right to revoke this consent, in writing, at any time, except to the extent that Dr. Bertin, Dr. Skedros, and/or Dr. Nelson of the Utah Bone and Joint Center have 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 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 I have a right to review the Utah Bone and Joint Center's Notice of Privacy Practices prior to signing this document. The Utah Bone and Joint Center's Notice of Privacy Practices has been made available 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 Utah Bone and Joint Center. The Notice of Privacy Practices for Utah Bone and Joint Center is also provided at 5323 S. Woodrow St., Ste. 202, Salt Lake City, UT 84107 and on the Utah Bone and Joint's website at Utahboneandjoint.com. This Notice of Privacy Practices also describes my rights and the Utah Bone and Joint Center's duties with respect to my protected health information.

The Utah Bone and Joint Center 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 the Utah Bone and Joint'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

Yes No

- Utah Bone and Joint Center staff and Physicians may leave information with my spouse or significant other.

- Utah Bone and Joint Center staff and physicians may leave information on my answering machine concerning appointments and personal health information.

- I am between the ages of 18 and 25 and give permission for my parent or guardian to have access to my private healthcare information.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative (Please Print)

Description of Personal Representative's Authority