PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

I hereby give my consent for Shalem Healing to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). The Notice of Privacy Practices is provided by Shalem Healing and describes such uses and disclosures more completely.

I have the right to review the Notice of Privacy Practices prior to signing this consent.

Shalem Healing reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices can be requested in the office or via email at any time by writing to contact@shalemhealing.org.

With this consent, Shalem Healing 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 test result, among others.

With this consent, Shalem Healing may send mail to my home or other alternative location if it assists the practice in carrying out health care operations, such as patient billing statements or requested lab results as long as it is marked "Personal and Confidential."

With this consent, Shalem Healing may send e-mails that assist the practice in carrying out TPO, such as appointment reminders, requested lab results or information related to my clinical care.

I have the right to request that Shalem Healing restrict how it uses or discloses my PHI to carry out TPO and I will specify this below (please include names of anybody we can and/or cannot share health information with).

I authorize Shalem Healing to release my records and any information requested to the following individuals.

1._____ Relation to Patient:_____ Release __ Do Not Release __

2._____ Relation to Patient:_____ Release __ Do Not Release __

3._____ Relation to Patient:_____ Release __ Do Not Release __

By signing this form, I am consenting to allow Shalem Healing to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Shalem Healing may decline to provide treatment to me if they are unable to deliver care while honoring my privacy requests.

Printed Name of Patient or Legal Guardian_____

Signature of Patient or Legal Guardian _____ Date _____