

**FOOTHILLS EAR, NOSE & THROAT
PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

I hereby give my consent for Foothills ENT to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (Foothills ENT Notice of Privacy Practice provides a more complete description of such uses and disclosures.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Foothills ENT reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Foothills ENT, Privacy Officer at 201 Richard St., Easley, SC 29640.

With this consent, Foothills ENT may call any phone number provided to the practices 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 and x-ray results among them.

With this consent, Foothills ENT may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment remainder cards and patient statements. I have the right to request that Foothills ENT restrict how it uses or discloses my PHI to carry out TPO.

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement. By signing this form, I am consenting to Foothills ENT use and disclosure of 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, Foothills ENT may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Date

Patient's Name

**Received/Declined Privacy Notice
Signature of Patient or Legal Guardian**

Print Name of Patient or Legal Guardian
