

Gastroenterology Consultants of Central Florida, P.A

Patient Consent for use and Disclosure of Protected Health Information

With my consent, Gastroenterology Consultants of Central Florida, P.A may use and disclose protected health information about me to carry out treatment, payment, and healthcare operations. Please refer to GCCF's notice of privacy practices for 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. GCCF 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 Gastroenterology Consultants of Central Florida, Privacy Officer at 10800 Dylan Loren Circle, Ste 102 Orlando, FL 32825-4437.

With my consent, GCCF may call my home or other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, and insurance items.

With my consent, GCCF may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards, and patient statements. I have the right to request that GCCF restrict how it uses or disclosures 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 GCCF's 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 disclosure in reliance upon my prior consent. If I do not sign this consent, GCCF may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patient's Name

Today's Date

Print Name of Patient or Legal Guardian

