

Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Summit Gynecology and Obstetrics and/or Dr. Moshood Olatinwo for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations. I understand that diagnosis or treatment of me by Dr. Olatinwo 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 health care operations of the practice. Summit Gynecology and Obstetrics and/or Dr. Olatinwo is not required to agree to the restrictions that I may request. However, if Summit Gynecology and Obstetrics and/or Dr. Moshood Olatinwo agree to a restriction that I request, the restriction is binding on Summit Gynecology and Obstetrics and/or Dr. Moshood Olatinwo. I have the right to revoke this consent, in writing, at any time, except to the extent that Summit Gynecology and Obstetrics and/or Dr. Moshood Olatinwo has 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 clearing house. This protected health information related 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 Summit Gynecology and Obstetrics and/or Dr. Moshood Olatinwo Notice of Privacy Practices prior to signing this document. The Summit Gynecology and Obstetrics and/or Dr. Moshood Olatinwo Notice of Privacy Practices has been provided 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 Summit Gynecology and Obstetrics and/or Dr. Moshood Olatinwo. The Notice of Privacy Practices for Summit Gynecology and Obstetrics and/or Dr. Moshood Olatinwo is also provided in the patient registration office and each exam room. This notice also describes my rights and Summit Gynecology and Obstetrics and/or Dr. Moshood Olatinwo’s duties with respect to my protected health information.

Summit Gynecology and Obstetrics and/or Dr. Moshood Olatinwo 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 calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Patient Signature: _____

Patient Name Printed: _____

Guardian or Responsible Party Signature: _____

Guardian or Responsible Party Name Printed: _____

Date: _____