

PLEASE READ CAREFULLY!

Protected Health information may be disclosed to insurance companies, managed care organizations or referring physicians in the course of treatment, payment of healthcare operations. When information is disclosed to another entity, it may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule. You have the right to refuse or restrict our disclosure of your information. However, if you refuse or restrict disclosure, we will be unable to provide treatment to you. If you wish to refuse or restrict disclosure, please ask for a HIPAA Restriction form.

You have the right to determine how we may communicate with you concerning your treatment or payment for services. Please indicate below where we may leave messages for you.

I consent that Dallas Sports Medicine may contact me by:

Please check all that apply

- Telephone at home
- Leave message on answering machine at home
- Telephone at work
- Leave message with a person or on voice mail at work
- Leave message on cellular phone or at any other number I provide
- Email: _____@_____.com net

I consent that Dallas Sports Medicine may discuss or disclose information regarding my clinical care and/or financial history with those listed here:

Name

Relationship to patient

Name

Relationship to patient

This consent will expire on January 1, 2016.

SIGNATURE OF PATIENT OR LEGAL GUARDIAN

Date

I acknowledge that I have been given an opportunity to read and understand Dallas Sports Medicine's Notice of Privacy Practices.

Name of Patient

SIGNATURE OF PATIENT OR LEGAL GUARDIAN

Date

You may revoke this consent in writing except to the extent that the practice has already made disclosures in reliance upon your prior consent. If you do not sign this consent, Dallas Sports Medicine may decline to provide you treatment.