

Ashburn Family Healthcare, PLLC

Patient Authorization for Use and Disclosure of Protected Health Information

I hereby give my consent for Ashburn Family Healthcare 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 provided to me by Ashburn Family Healthcare describes such uses and disclosures more completely. Ashburn Family Healthcare reserves the right to revise its Notice of Privacy Practices at any time.

With this consent, Ashburn Family Healthcare may call my home phone number or other alternative phone number 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 results, among others.

With this consent, Ashburn Family Healthcare may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal or Confidential."

I have the right to request that Ashburn Family Healthcare restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

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, Ashburn Family Healthcare may decline to provide healthcare services to me.

I have been given a copy of the Ashburn Family Healthcare, PLLC's Notice of Privacy Practices as required by the Health Information Portability & Accountability Act of 1996.

Signature of Patient or Legal Guardian

Relationship to Patient

Name of Patient

Date