



Oriental Medicine and Health Services

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Consent for Purposes of Treatment, Payment, & Healthcare Operations (050903)

In this document, “I” and “my” refer to the patient, and “OMHS” refers to Oriental Medicine and Health Services.

I consent to the use or disclosure of my protected health information by OMHS for the purpose of analyzing, diagnosing, or providing treatment to me, obtaining payment for my health care bills, or to conduct health care operations of OMHS. I understand that analysis, diagnosis or treatment of me by OMHS may be conditioned upon my consent as evidenced by my signature below.

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 healthcare operations of the practice. OMHS is not required to agree to the restrictions that I may request. However, if OMHS agrees to a restriction that I request, the restriction is binding on OMHS. I have the right to revoke this consent, in writing, at any time, except to the extent that OMHS 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 clearinghouse. This protected health information relates 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 have been provided with a copy of the Notice of Privacy Practices of OMHS and understand that I have a right to read Notice of Privacy Practices prior to signing this document. 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 OMHS. The Notice of Privacy Practices for OMHS is also posted on the bulletin board at the business of OMHS. This Notice of Privacy Practices also describes the rights and duties of OMHS with respect to my protected health information.

OMHS 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 of OMHS and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Printed Name of Patient

Signature of Patient or Personal Representative

Date

Description of Personal Representative's Authority