



**ALTA VIEW SPORTS MEDICINE CENTER
CONSENT FOR DISCLOSURE OF HEALTH INFORMATION**

How we use and disclose your protected health information.

1. For Treatment – ours and other health providers
2. For Payment
3. For Health Care Operations – (example, we may call to remind you of your appointment, and we may leave a message.)

Disclosure with Authorization.

For disclosures not involving treatment, payment, operations, or when required or permitted by law, we will need a signed authorization from the patient.

Disclosures without Authorization.

We may disclose your health information in the following situations without your consent. *Our* business associates, family or close friends responsible for your care. required by law, public health activities, health oversight activities, judicial and administrative proceedings, law enforcement, research, victims of abuse, neglect or domestic violence, limited government functions, coroners, medical examiners and funeral directors, health and safety of the public, and workers compensation.

Your Rights. How we use and disclose your Protected Health Information.

- Right to receive this notice. A detailed copy is available for you to read or have. Copies are located at the front counter and the waiting room.
- Right to contact our Privacy Officer.
- Right to inspect and receive a copy of your health information.
- Right to amend your health information.
- Right to request additional restrictions on uses and disclosures of your health information.
- Right to request accounting disclosures.
- Right to request confidentiality in certain communications.
- Right to file a complaint.
- Right to revoke this consent in writing.

I have read your Privacy Practice Policy, and consent to its terms.

Signature	Date	Witness
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I authorize the following family members to have access to my medical and financial records.

Signature: _____

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S N O W B I R D
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