

Privacy Consent

I hereby consent to Kentucky Orthopaedic and Hand Surgeons, using or disclosing my protected health information for the purpose of providing treatment and obtaining payment for health care services rendered to me. I also consent to KOHS using or disclosing my protected information for treatment activities conducted by another health care provider or entity.

I further acknowledge KOHS has provided me a copy of its Notice of Privacy, which provides a detailed description of the uses and disclosures by this consent, as well as other rights I have regarding my protected health information.

Please check any and all of the following that apply.

- KOHS may NOT leave messages on my answering machine.
- KOHS may NOT discuss my care with my spouse and/or parent
- Other. Please indicate if you have someone other than your spouse or parent with whom we may discuss your care:

Name

Relationship

Signature of patient or personal representative

Date

Name of patient or personal representative

Date