

Privacy Consent

I hereby consent to Kentucky Orthopaedic and Hand Surgeons a Division of Ortho Kentucky, PLLC, 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