

FIRST CARE MEDICAL CENTERS, P.A.
PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, First Care Medical Center, P.A. may use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). Please refer to First Care Medical Centers' Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. First Care Medical Centers reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy practices may be obtained by forwarding a written request to First Care Medical Centers, Privacy Officer at 12995 S. Cleveland Ave. Ste. 184, Fort Myers, Fl. 33907.

With my consent, First Care Medical Centers may call my home or other designated location 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 call pertaining to my clinical care, including laboratory results among others.

With my consent, First Care Medical Centers may mail to my home or other designated location as items that assist this practice in carrying out TPO, such as appointment cards and patient statements as long as they are marked Personal and Confidential.

With my consent First Care Medical Centers may email to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment cards and patient statements.

With my consent First Care Medical Centers may electronically receive or transmit any items that assist the practice in carrying out TPO, such as laboratory reports, radiology reports, hospital records, appointments with specialists and prescriptions.

I have the right to request that First Care Medical Centers restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

I understand that if First Care Medical Centers becomes aware of a breach in the privacy practices, I will be notified orally or in writing.

By signing this form, I am consenting to First Care Medical Centers' use and disclosure of my PHI to carry out TPO.

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, First Care Medical Centers may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Relationship to Patient

Print Name of Patient or Legal Guardian

Date

Revised 8/25/13