

Hill Country Orthopaedic Surgery & Sports Medicine

Acknowledgement/Consent to the Use and Disclosure of Health Information for Treatment, Payment or Healthcare Operations

I understand that as a part of my healthcare, Hill Country Orthopaedic Surgery & Sports Medicine originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many health professionals who contribute to my care
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third party payer can verify that services billed were actually provided
- And a toll for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided with a Notice of Information Practices that provides more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that Hill Country Orthopaedic Surgery & Sports Medicine reserves the right to change their notice and practices and prior to implementation will mail copy of any revised notice the address I have provided. I understand that I have the right to object to the use of my health information in any public directory of Hill Country Orthopaedic Surgery & Sports Medicine.

I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry our treatment, payment, or healthcare operations and that Hill Country Orthopaedic Surgery & Sports Medicine is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that Hill Country Orthopaedic Surgery & Sports Medicine has already taken action in reliance thereon.

Hill Country Orthopaedic Surgery & Sports Medicine records may contain information created by an entity other than Hill Country Orthopaedic Surgery & Sports Medicine. Hill Country Orthopaedic & Sports Medicine is not responsible for the information contained therein (including the accuracy, completeness, relevance, legibility, or lack thereof of such incorporated records.) Patient is expressly requesting release of all records maintained by Hill Country Orthopaedic Surgery & Sports Medicine concerning patient, including incorporated records. Patient acknowledges that Hill Country Orthopaedic Surgery & Sports Medicine has no and assumes no duty to patient regarding the consent of or omissions from such incorporated records.

No Restrictions     I request the following restrictions to the use or disclosure of my health information: \_\_\_\_\_

X \_\_\_\_\_  
Signature of patient/Legal Representative                      Witness

\_\_\_\_\_  
Date/ Notice Effective Date/Version

Hill Country Orthopaedic Surgery & Sports Medicine was unable to obtain acknowledgement/consent because:

Emergency     Patient Non-Responsive     Patient Confused/Disoriented  
 Patient sedated     Patient refused—reason: \_\_\_\_\_

This area for use by Hill Country Orthopaedic Surgery & Sports Medicine personnel only.

Restriction on use or disclosure:  Accepted     Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_