

# **Arlington/Mansfield Foot & Ankle Centers, P.A.**

## **Patient Consent for Use and Disclosure of Protected Health Information**

I hereby give consent for Arlington/Mansfield Foot & Ankle Centers, P.A. to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (Arlington/Mansfield Foot & Ankle Centers, P.A. Notice of Privacy Practices provides 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. Arlington/Mansfield Foot & Ankle Centers, P.A. reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Arlington/Mansfield Foot & Ankle Centers, P.A. Privacy Officer at 515 W. Mayfield Rd., Ste. 407, Arlington, Texas 76014.

With this consent, Arlington/Mansfield Foot & Ankle Centers, P.A. may call my home or other alternative 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 calls pertaining to my clinical care, including laboratory results among others.

With this consent, Arlington/Mansfield Foot & Ankle Centers, P.A. may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With this consent, Arlington/Mansfield Foot & Ankle Centers, P.A. may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Arlington/Mansfield Foot & Ankle Centers, P.A. 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.

By signing this form, I am consenting to Arlington/Mansfield Foot & Ankle Centers, P.A. 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, or later revoke it, Arlington/Mansfield Foot & Ankle Centers, P.A. may decline to provide treatment to me.

---

Signature of Patient or Legal Guardian

---

Patient's Name

---

Date

---

Print Name of Patient or Legal Guardian