

THE METROPOLITAN FOOT GROUP

Podiatry & Reconstructive Foot Surgery

A dba of Michael H. Loshigian, DPM, PC

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

I understand as part to my healthcare, The Metropolitan Foot Group (A dba of Michael H. Loshigian, DPM, PC) 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 providers who contribute to my care
- a source of information for applying my diagnosis and medical information to my bill
- a means by which my insurance carrier and/or a third-party payer can verify that the services billed were actually provided
- a tool for routine healthcare operations such as assessing quality and reviewing the competence of my healthcare providers

I understand and have been provided with a copy of The Metropolitan Foot Group **Notice Of Privacy Practices**, which provides a more complete description on the uses and disclosure of my health history. I understand that I have the right to review the notice prior to signing this consent. I understand that The Metropolitan Foot Group has the right to change this notice and practices and prior to implementation will post a copy of any revised notice in the waiting area of each of its offices. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that The Metropolitan Foot Group is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that The Metropolitan Foot Group has already taken action in reliance thereon.

I request the following restrictions to the use or disclosure for my health information:

Signature of Patient or Legal Representative

Witness

Date