

# UTAH ORTHOPAEDIC SPECIALISTS

5323 South Woodrow Street, Suite 200 Murray, Utah 84107 (801) 747-1020 Fax (801)747-1023

## Consent for Purposes of Treatment, Payment and Healthcare Operations

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I consent to the use or disclosure of my protected health information by Utah Orthopaedic Specialists for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Utah Orthopaedic Specialists. I understand that diagnosis or treatment of me by Dr. Fukushima, Dr. Hawes, Dr. Groebs, Dr. Larcom, Dr. Warner, McCall Fagan, PA-C or Theresa Kulikowski, PA-C may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Utah Orthopaedic Specialists is not required to agree to the restrictions that I may request. However, if Utah Orthopaedic Specialists agrees to a restriction that I request, the restriction is binding on Utah Orthopaedic Specialists and the physician/physician assistant that preformed the services.

I have the right to revoke this consent, in writing, at any time, except to the extent that Dr. Fukushima, Dr. Hawes, Dr. Groebs, Dr. Larcom, Dr. Warner, McCall Fagan, PA-C, Theresa Kulikowski, PA-C or Utah Orthopaedic Specialists has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Utah Orthopaedic Specialists Notice of Privacy Practices prior to signing this document. Utah Orthopaedic Specialists Notice of Privacy Practices has been made available to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Utah Orthopaedic Specialists. The Notice of Privacy Practices for Utah Orthopaedic Specialists is also provided at 5323 South Woodrow Street, Suite 200, Murray, Utah 84107 and on the Utah Orthopaedic Specialists website at uosmd.com. This Notice of Privacy Practices also describes my rights and the Utah Orthopaedic Specialists duties with respect to my protected health information.

The Utah Orthopaedic Specialists reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by accessing the Utah Orthopaedic Specialists website, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

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Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative (Please Print)

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Description of Personal Representative's Authority