RPC
Rockford Pain Center, Ltd.
2902 McFarland Rd., Suite 202
Rockford, Il 61107
#815-316-7300

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

I understand that as part of my health care, Rockford Pain Center, Ltd. originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, 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
- □ A tool for routine health care operations, such as assessing quality and reviewing the competence of health care professionals.

I understand and have been offered the Notice of Privacy Practices that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice before signing this consent. I understand that the medical practice reserves the right to change its notice and practices and before implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to object to the use of my health information for directory purposes. 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 health care operations and that the medical practice 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 medical practice has already taken action in reliance thereon.

□ I request the following restrictions to the use or disclosure of my health information:_____

_____

_____ _____

Signature of Patient or Legal Representative Date

Witness:

_____ _____ _____

Signature Title Date