

NORTHBAY FOOT & ANKLE CENTER, INC

New patient consent to the use and disclosure of health information  
for treatment, payment, or healthcare operations

I, \_\_\_\_\_, understand that as part of my health care, Northbay Foot & Ankle Center originates and maintains paper and/or electronic 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.

I understand that I have the following rights and privileges:

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.

I understand that Northbay Foot & Ankle Center is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that Northbay Foot & Ankle Center, Inc. has already take action in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent that Northbay Foot & Ankle Center may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

I understand that as part of Northbay Foot & Ankle Center treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax.

I fully understand and accept the terms of this consent.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date