

# Blue Ridge Women's Care, PA

112 Surgical Boulevard Suite B

Seneca, South Carolina 29672

Tel: 864-985-1799 Fax: 864-888-4108

## PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Blue Ridge Women's Care to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Blue Ridge Women's Care's notice of privacy practice 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. Blue Ridge Women's Care 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 Blue Ridge Women's Care Privacy Officer at 112 Surgical Boulevard Suite B, Seneca SC 29672. With this consent, Blue Ridge Women's Care 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, that Blue Ridge Women's Care 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, that Blue Ridge Women's Care may e-mail to my home or 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 Blue Ridge Women's Care 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 Blue Ridge Women's Care 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 to reliance upon my prior consent. **If I do not sign this consent, or later revoke it, Blue Ridge Women's Care may decline to provide treatment to me.**

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Signature of Patient/Legal Guardian

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Print Name of Patient/Legal Guardian

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Patient Name

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Date