

# Coral Springs Annex LLC

## **Disclosure of Protected Health Information**

As a condition of providing treatment for you, Coral Springs Annex LLC may request your consent to use and disclose protected health information (PHI) about you to carry out treatment, access payment for services and for other healthcare operations.

You may revoke this consent at any time by notifying Coral Springs Annex LLC in writing, except to the extent that the provider has taken action and reliance on your consent.

Please refer to the Notice of Privacy Practices for Protected Health Information for a more complete description of the uses and disclosures that Coral Springs Annex LLC may use your protected health information. You have the right to review the Privacy Practices document prior to signing this consent.

In accordance with the law, the terms of the Privacy Practices for Protected Health Information may change. Should this occur, you may receive a copy of the revised Privacy document.

You have the right to request that Coral Springs Annex LLC restrict the manner in which your PHI is used or disclosed to carry out treatment, access payment for services and for other healthcare operations. Coral Springs Annex LLC is not required to agree to such requested restrictions. If Coral Springs Annex LLC agrees to the requested restrictions, those restrictions will be honored and will be binding.

I hereby consent to the use and disclosure by Coral Springs Annex LLC and its associates and/or staff of my protected health information (PHI), for the purposes of treatment, payment and other healthcare operations.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_