

Consent for the Use of Disclosure of Protected Health Information

Saint Anne Communities

Randallia Place Courtyard Club Grace Pointe Victory Noll

As required by the Health Information Portability and Accountability Act of 1996, Saint Anne Communities may not use your personal health information for the purposes of treatment, payment, and health care operations without your consent. The specific uses and disclosures that we intend to make are described in our Notice of Privacy Practices. You have the right to review the Notice of Privacy Practices prior to signing this consent form. You may request restrictions on the uses and disclosures described in the Notice of Privacy Practices by describing the requested restrictions in the "restriction request" section of this form. You may revoke this consent at any time by contacting Saint Anne Communities Administrator and signing and dating the revocation section. I further understand that Saint Anne Communities is not required to accept my restriction request.

CONSENT SECTION

I, _____ (print name), hereby consent to the use and disclosure of my personal health information for the purposes of treatment, payment, and health care operations. My signature below indicates that I have been given an opportunity to read Saint Anne Communities Notice of Privacy Practices and to have any questions answered before signing.

I understand that I may request restrictions on the uses and disclosures of my health information at any time by completing and signing the restriction request section of this form.

Resident / POA / Guardian

Date

RESTRICTION REQUEST SECTION

I hereby request the following restrictions on the uses and disclosures of my health information (please describe the requested restrictions in detail):

Resident / POA / Guardian

Date

Your restriction request will be reviewed
cc: Sue Pierce, resident chart

REVIEWER SECTION

The terms of this request are / are not (circle one) acceptable.

Signature

Date

Print Name

Title

Reviewer's Comments:

REVOCACTION SECTION

I hereby revoke this consent.

Signature

Date