

RIDGE MILLS PHYSICIAN SERVICES, PLLC

7901 Ridge Mills Road
Rome, NY 13440
315-337-2500

Patient Consent for Use and Disclosure of Protected Health Information

By signing below, I consent to the use and disclosure of my protected health information by **Ridge Mills Physician Services** physicians, staff, and business associates for treatment, payment and health care operations. I acknowledge that I have received a copy of **Ridge Mills Physician Services** Notice of Information Practices and have been given the right to review them before signing this consent.

The terms of **Ridge Mills Physician Services** Notice of Information Practices may change and the revised notice will be posted in the office. I can obtain a copy of the revised changes by asking **Ridge Mills Physician Services**.

I have the right to request that **Ridge Mills Physician Services** restricts the uses or disclosures of my protected health information which the Practice is otherwise permitted to make for treatment, payment and health care operations, although the Practice is not required to agree to these restrictions. However, if the Practice agrees to further restrictions, they are binding on the Practice. I have the right to revoke this consent in writing, except to the extent that the Practice has taken action in reliance on it.

I give my permission for the physicians and staff of **Ridge Mills Physician Services** to discuss my medical information with the following family members or friends:

Signature of Patient or Legal Guardian

Date

Name (please print)