Autumn Health Care
9449 S. Kedzie STE 142
Evergreen Park IL 60805
773-420-3597

Consent for Purposes of Treatment, Payment and Healthcare Operations

Consent: I consent to the use or disclosure of my protected health information by Autumn Health Care for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Autumn Health Care. I understand that diagnosis or treatment of me by Autumn Health Care may be conditioned upon my consent as evidenced by my signature on this document.

Restriction: I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Autumn Health Care is not required to agree to the restrictions that I may request. However, if Autumn Health Care agrees to a restriction that I request, the restriction is binding on Autumn Health Care.

Protected Health Information: My "Protected Health Information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

Revocation: I have the right to revoke this consent, in writing, at any time, except to the extent Autumn Health Care has taken action in reliance on this consent.

Notice of Privacy Practices: I understand I have the right to review Autumn Health Care Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the type of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Autumn Health Care. The Notice of Privacy Practices for Autumn Health Care is also provided 16781 Torrance Ave., Lansing, IL 60438 and on Autumn Health Care's website at www.autumn.clinicprn.org. The Notice of Privacy Practices also describes my rights and the duties of Autumn Health Care with respect to my protected health information. Autumn Health Care reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by accessing the Autumn Health Care website, calling the office and requesting a revised copy be sent in the email or asking for one at the time of my next appointment.

I acknowledge that I have received a copy of the Notice of Privacy Practices of Autumn Health Care.

I agree to what is stated on this page.

Name _____

Signature _____ Date _____