LEGENDS OB/GYN LLC

Donald Peghee, Jr., M.D., F.A.C.O.G. Obstetrics/Gynecology

CONSENT TO USE AND DISCLOSURE OF HEALTH INFORMATION FOR PURPOSE OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

As a condition of providing treatment for you our office must obtain your consent to use and disclose protected health information about you to carry out treatment, payment and health care operations of this office.

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

Your protected health information may be used and disclosed to carry out treatment, payment, or health care operations.

Please refer to Notice of Privacy for Protected Health Information for more complete description of the uses and disclosures that this office staff may make use of your protected health information. You have the right to review the Privacy Notice prior to signing the consent.

This office has reserved the right to change its privacy practices described in this Privacy Notice. In accordance with law, the terms of Privacy Notice may change at any time. You may obtain a copy of the current Privacy Notice and any revised notice by placing a request in writing or in person.

You have the right to request this office to restrict the manner in which your protected health information is used or disclosed to carry out treatment, payment, or health care operations. This office is not required to agree to such requested restrictions. If, however, this office agrees to the restrictions requested, this office will honor the request and it will be binding on the office.

I hereby consent to the use and disclosure of my protected health information to this office, staff and business associates for the purpose of treatment, payment, and health care operations.

_____ _____

Print Name Date of Birth

_____ _____

Signature or responsible party Date

_____ _____

Witness Date