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Redefining Health

CONSENT FOR RELEASE OF INFORMATION FOR TREATMENT, PAYMENT & HEALTH CARE OPERATIONS

I, _____, hereby authorize Redefining Health Medical, PC (“RHM”) to use and/or disclose my health information, which specifically identifies me or which can reasonably be used to identify me to carry out my treatment, payment and health care operations. I understand that while this consent is voluntary, if I refuse to sign this consent, RHM can refuse to treat me.

I have been informed by RHM has prepared a notice (“Notice”) which more fully describes the uses and disclosures that can be made of my individually identifiable health information for treatment, payment and health care operations. I understand that I have the right to review such Notice prior to signing this consent.

I understand that I may revoke this consent at any time by notifying RHM in writing, but if I revoke my consent, such revocation will not affect any actions that RHM took before receiving my revocation.

I understand that RHM has reserved the right to change their privacy practices and that I can obtain such changed notice upon request.

I understand that I have the right to request RHM to restrict how my individually identifiable health information is used and/or disclosed to carry out treatment, payment or health operations.

I understand that RHM does not have to agree to such restrictions, but that once such restrictions are agreed to, RHM must adhere to such restrictions.

Patient Signature: _____ Date Of Birth: _____

Printed Name of Patient or Patient Representative: _____

Relationship to patient: _____ Date Signed: _____

