



Sports Occupational & Knee Surgery, P.A.

Peter F. Holmes, M.D.

Diplomate of American Board of Orthopaedic Surgery
Fellow American Academy of Orthopaedic Surgery

Kathren Mccarty DPM

Diplomate Of The American Board Of Podiatric Surgery
Fellow American College Of Foot & Ankle Surgeons

Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by **SPORTS OCCUPATIONAL & KNEE SURGERY** for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of **SPORTS OCCUPATIONAL & KNEE SURGERY**. I understand that diagnosis or treatment of me by **Peter F. Holmes, M.D.** may be conditioned upon my consent as evidenced by my signature on this document.

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. **SPORTS OCCUPATIONAL & KNEE SURGERY** is not required to agree to the restrictions that I request, the restriction is binding on **SPORTS OCCUPATIONAL & KNEE SURGERY** and **Peter F. Holmes, M.D.**

I have the right to revoke this consent, in writing, at any time, except to the extent that **Peter F. Holmes, M.D.** or **SPORTS OCCUPATIONAL & KNEE SURGERY** has taken action in reliance on this consent.

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.

I understand I have a right to review **SPORTS OCCUPATIONAL & KNEE SURGERY's** Notice of Privacy Practices prior to signing this document. The **SPORTS OCCUPATIONAL & KNEE SURGERY's** Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types 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 the **SPORTS OCCUPATIONAL & KNEE SURGERY**. The Notice of Privacy Practices for **SPORTS OCCUPATIONAL & KNEE SURGERY** is also provided at 9150 Huebner Road, Suite 200, San Antonio, Texas 78240. This Notice of Privacy Practices also describes my rights and the **SPORTS OCCUPATIONAL & KNEE SURGERY's** duties with respect to my protected health information.

SPORTS OCCUPATIONAL & KNEE SURGERY 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 calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Patient's Initials

Acknowledgment of receipt of offer of Notice of Privacy Practices packet.