



## Flora Medical Clinic, PLLC

### Release of PHI for Billing and Treatment

- Flora Medical Clinic, PLLC is concerned about the privacy of your protected health information (“PHI”). Our office follows the standard Notice for Privacy Practices (“Notice”) for PHI. You are referred to our Notice for a complete description of uses and disclosures of PHI. You have the right to review the full notice prior to signing this consent. An updated copy of the Notice is available on our patient portal and a paper copy is available at the front desk.
- In summary, you have the right to request that we restrict how your PHI is used or disclosed for treatment, payment or healthcare operations. While we cannot necessarily agree to all requests, we will comply with any that are reasonable, and will honor those unless the patient is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment. If a disclosure is made pursuant to emergency treatment, we will request that the other provider not further use or disclose the PHI. To avoid miscommunication, we ask that the request be made in writing.
- You have the right to revoke this consent in writing, except to the extent that our office has already taken action in reliance on your consent.
- By signing this consent below, you are consenting to the use and disclosure of your PHI for treatment, payment and healthcare operations.

I have read and understood the above information.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative’s Authority

\_\_\_\_\_  
Printed Name of Patient or Personal Representative

\_\_\_\_\_  
Date