



Joseph W. Hance, M.D.,P.C.
Mark R. McMurray, M.D., P.C.
Brian D. Wittenberg, M.D.,P.C.
Ronald A. Ronquist, M.D., P.C.
Alfred J. Wroblewski, M.D., P.C.
Daniel K. Wilcox, M.D., P.C.
Scott A. Nemecek, D.O., P.C.
Consulting Physicians
Loyal W. Jodar, M.D., P.C.
Allen D. Damschroder, M.D., P.C.
Nathaniel C. Narten, M.D., P.C.

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

I consent to the use or disclosure of my protected health information by Bay Street Orthopaedics, including the physician practices which participate under the name, for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Bay Street Orthopaedics. I understand that diagnosis or treatment of me by the physicians of Bay Street Orthopaedics 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 use or disclosed to carry put treatment, payment or healthcare operations of the practice. Bay Street Orthopaedics is not required to agree to the restrictions that I may request. However, if Bay Street Orthopaedics agrees to the restriction that I request, the restriction is binding on Bay Street Orthopaedics and the individual physician.

I have the right to revoke this consent, in writing, at any time, except to the extent that Bay Street Orthopaedics or its physicians have taken action to 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 clearing house. 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 the right to review Bay Street Orthopaedics Notice of Privacy Practices prior to signing this document. The Bay Street Orthopaedics 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 performances of health care operations of the Bay Street Orthopaedics. The Notice of Privacy Practices for Bay Street Orthopaedics is also provided at the front desk and on the Bay Street Orthopaedics website at Baystreetortho.com. This Notice of Privacy Practices also describes my rights and the Bay Street Orthopaedics duties with respect to my protected health information.

Bay Street Orthopaedics 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 Bay Street Orthopaedics website, calling the office and requesting a revised copy to 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

Description of Personal Representative’s Authority