

**NORTHEAST WISCONSIN FOOT & ANKLE ASSOCIATES
PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

I hereby give my consent for Northeast Wisconsin Foot & Ankle Associates to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Northeast Wisconsin Foot & Ankle Associates Notice of Privacy Practices provides a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Northeast Wisconsin Foot & Ankle Associates reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Northeast Wisconsin Foot & Ankle Associates Privacy Officer at 1301 East Northland Ave. Ste B, Appleton, Wisconsin 54911.

With this consent, Northeast Wisconsin Foot & Ankle Associates may call my home or other alternative locations and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this consent, Northeast Wisconsin Foot & Ankle Associates may mail to my home or other alternative locations any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential".

With this consent, Northeast Wisconsin Foot & Ankle Associates may e-mail to my home or other alternative locations any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Northeast Wisconsin Foot & Ankle Associates restrict how it uses or discloses my PHI to carry out TPO.

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Northeast Wisconsin Foot & Ankle Associates use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Northeast Wisconsin Foot & Ankle Associates may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Date:

Print Patients Name: