CONSENT FOR USE AND DISCLOSURE OF PROFECTED HEALTH INFORMATION
&
ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Use and Disclosure of Your Protected Health Information
Your protected health information will be used by Bio-Tech Prosthetics & Orthotics, Inc. or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

Notice of Privacy Practices
You should review the Notice of Privacy Practices for a more complete description of how your protected health information may be used or disclosed. You may review the notice prior to signing this consent.

Requesting a Restriction on the Use or Disclosure of Your Information
You may request a restriction on the use or disclosure of your protected health information.

Bio-Tech Prosthetics & Orthotics, Inc. may or may not agree to restrict the use or disclosure of your protected health information.

If Bio-Tech Prosthetics & Orthotics, Inc. agrees to request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the federal privacy standards.

Revocation of Consent
You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

Reservation of Right to Change Privacy Practices
Bio-Tech Prosthetics & Orthotics, Inc. reserves the right to modify the privacy practices outlines in the notice.

List Anyone to Whom You Give Bio-Tech Permission to Speak with Concerning Your Care
(Spouse, Family, Friend, Etc.)
[ ] Please check here if you do **not** give permission to for Bio-Tech to leave verbal messages from numbers listed on the contact form.

Name _____ Relationship _____

Name _____ Relationship _____

Signature
I have reviewed this consent form and give my permission to Bio-Tech Prosthetics & Orthotics, Inc. to use and disclose my health information in accordance with it. I also hereby acknowledge that I have received a copy of The Notice of Privacy Practices for Bio-Tech Prosthetics & Orthotics, Inc.

Signature of Patient or Authorized Representative _____ Date _____

If Representative, Print Name and Relationship _____