

Wake Nephrology Associates, P.A.
Consent for the Uses or Disclosure of Health Information for
Treatment, Payment, or Health Care Operations

I understand that as part of my health care, Wake Nephrology Associates and its affiliated companies create and maintain health records containing information about my individual health history, symptoms, examination, and test results, diagnoses, treatments provided to me, plans for future care or treatment and payment for care provided to me. I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many health professionals who contribute to my care
- A source of information for applying my diagnosis and treatment information to my bill and seeking payment for the services Wake Nephrology Associates provides to me
- A means by which a third-party payer, including Medicare and Medicaid, can verify that services billed were actually provided
- A tool for routine health care operations, such as assessing quality and reviewing the competence of health care professionals.
- A purpose of clinical research, where no identifying data will be released. Under conditions where identifying data is required, separate consent will be obtained.

I understand and have been or will be provided with a written Notice of Wake Nephrology Associates Privacy Practices that provides a more complete description of information uses and disclosures. I understand that I have the right to review this Notice of Privacy Practices prior to signing this Consent. I understand that Wake Nephrology Associates reserves the right to change its Notice of Privacy Practices to reflect changes in the way it handles health records, and that I have a right to request a copy of such new Notice.

I understand I have the right to:

- Request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations. Wake Nephrology Associates is not required to agree to the restrictions requested, but Wake Nephrology Associates will be bound by any restrictions it does agree to.
- Revoke this consent in writing, except to the extent that Wake Nephrology Associates has already taken action in reliance thereon. I understand that if I revoke my consent, then Wake Nephrology Associates may no longer be able to treat me.

Patient's Name Patient's Signature/Date

Please list those family members with whom we may discuss your medical condition:
