



## ANTIETAM ONCOLOGY & HEMATOLOGY GROUP, PC

### CONSENT TO USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR PAYMENT, TREATMENT AND HEALTH CARE OPERATIONS

By signing below, you hereby consent for this practice to use or disclose information about yourself that is protected under federal law, for the sole purposes of treatment, payment and health care operations. You may refuse to sign this consent form.

You should read the notice of Privacy Practice for Protected Health Information (PHI) attached before signing the consent. The terms of the Notice may change from time to time, and you may always get a revised copy of it by asking the Privacy Officer for the practice.

You have the right to request that the Practice restrict how PHI is used or disclosed to carry out treatment, payment or health care operations. The practice is not required to agree to requested restrictions; however if the practice agrees to your requested restrictions, the restriction is binding on it.

Information about you is protected under federal law, and you have the right to revoke this consent, unless we have taken action in reliance on your authorization (as determined by our Privacy Officer). By signing below, you recognize that the protected health information used or disclosed pursuant to this consent may be subject to re-disclosure by the recipient and may no longer be protected under federal law.

I acknowledge that I have been provided Antietam Oncology and Hematology Group's Notice of Privacy Practices for protected health information (PHI).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Consent to Release Information

The physicians and office staff may communicate with the following individuals regarding my medical conditions, course of treatment and financial responsibility. I understand that I may revoke this privilege at any time by submitting my request in writing to this office:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_