

# ERTEL MEDICINE & PEDIATRICS, PSC

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Stanton, KY 40380  
(606) 663-2511

## PRIVACY CONSENT FOR USE OF PATIENT INFORMATION FOR THE PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

I hereby consent to Ertel Medicine & Pediatrics, PSC using or disclosing my protected health information for the purpose of providing treatment to me, obtaining payments for healthcare services rendered to me or to carry out the Practice's healthcare operations. I also consent to Ertel Medicine & Pediatrics, PSC using or disclosing my protected health information for treatment activities provided by another healthcare provider or entity. I further consent to the disclosure of my protected health information in order for another provider or health care entity to conduct healthcare operations, including quality assessment and reviewing the competence of healthcare professionals.

**Specific Records Expressly Included:** I expressly authorize the release of the following information for the purpose of treatment, payment and healthcare operations, if it is part of my protected health information.

(CHECK ANY OR ALL YOU AGREE TO AUTHORIZE TO RELEASE)

If you do not check the below items, we are not authorized to bill your insurance if these are ever discussed in a visit.

CHEMICAL DEPENDENCY/SUBSTANCE ABUSE

DRUGS

ALCOHOL

SEXUALLY TRANSMITTED DISEASES

I further acknowledge Ertel Medicine & Pediatrics, PSC has provided me a copy of its Notice of Privacy Practices, which provides a detailed description of the uses and disclosures allowed by this consent, as well as other rights I have regarding my protected health information.

I authorize the following persons to participate in my healthcare. This may include scheduling or inquiring about appointments, inquiring on lab work or other testing or persons calling to find out if you are at our facility.

Name

Relationship To Patient

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Signature of Patient or Personal Representative

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Name Of Patient Or Personal Representative

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Date

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Description of Personal Representative's Authority