



Consent to Use OR Disclose Information For Treatment, Payment or Health Care Operations

The patient or legally authorized guardian hereby consents to the use of his/her individually identifiable health information ("protected health information") by EmERGEOrtho in order to carry out treatment, payment or health care operations. The patient should review EmERGEOrtho Notice of Privacy Practices for Protected Health Information (Notice) for a more complete description of the potential uses and disclosures of such information. The patient has the right to review such Notice Prior to signing the consent form.

EmERGEOrtho reserves the right to change the terms of Notice of Privacy Practices for Protected Health Information (Notice) at any time. If EmERGEOrtho does change the terms of its Notice, the patient may obtain a copy of the revised Notice.

Patients retain the right to request that EmERGEOrtho further restrict how his/her protected health information is used or disclosed to carry our treatment, payment, or health care operations, EmERGEOrtho is not required to agree to such requested restrictions; however, if EmERGEOrtho does agree to Patient's requested reaction(s), such reactions are then binding on EmERGEOrtho.

EmERGEOrtho may communicate electronically to a patient as long as our organization provides reasonable safeguards. Our office makes every attempt to protect a patient's Private Healthcare Information (PHI). Patients have the right to initiate communication via electronic messaging to your healthcare provider. However, external email communication is not encrypted. If you prefer additional safeguards or encrypted messaging, please use EmERGEOrtho's portal, https://847.portal.athenahealth.com/ through fax or via phone call to the office.

The patient retains the right to revoke this Consent. At all times such revocation must be submitted to EmERGEOrtho in writing. The revocation shall be effective except to the extent that EmERGEOrtho has already taken action in reliance on the Consent.

EmERGEOrtho may refuse to treat patient if he/she (or an authorized representative) does not sign this Consent Form (except to the extent that EmERGEOrtho is required by law to treat individuals). If patient (or authorized representative) signs this consent form and then revokes Consent, EmERGEOrtho has the right to refuse to provide further treatment to patient as of the time of revocation (except to the extent that EmERGEOrtho is required by law to treat individual).

I authorize release of my medical information to the following companies, individuals and/or school system:

Table with 3 columns: Name, Relationship, Telephone number. It contains four rows of blank lines for entering information.

Additionally, I consent to treatment necessary for the care of the below named person for whom I am legally responsible. I authorize the release of all medical records to the referring or primary care physicians, or to other physicians as required for treatment and to my health insurance company, if applicable. Lastly, I acknowledge my consent to release Medical Records and/or information to my dependents/child's school, athletic trainer and/or coach in an effort to coordinate sports or physical activity. I authorize transmission of medical information by fax. I authorize my health insurance company to utilize the medical information as reasonably necessary for the proper administration of the health plan. I also acknowledge full financial responsibility for services rendered by EmERGEOrtho.

I HAVE READ AND UNDERSTAND THIS INFORMATION. I HAVE RECEIVED A COPY OF THE NOTICE OF PRIVACY AD I AM THE PATIENT OR AM AUTHORIZED TO ACT ON BEHALF OF THE PATIENT TO SIGN THIS DOCUMENT VERIFYING CONSENT TO THE ABOVE STATED TERMS.

I authorize the release of medical information to insurance carriers and authorize insurance payment directly to EmERGEOrtho. I also understand that my physician may need access to my medication history and may work in conjunction with my pharmacy and/or insurance carrier in order to provide accurate medical treatment. I am responsible for all of my co-pay charges and those charges denied or determined non-covered by my insurance.

PATIENT'S DOB \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

LEGAL GUARDIAN \_\_\_\_\_ SIGNATURE & DATE \_\_\_\_\_

Empty rectangular box for legal guardian signature.

Please indicate by initialing the box that you authorize EmERGEOrtho to communicate with you via e-mail and also with, third parties, such as, physicians, nurse case managers, insurance companies and adjusters and employers. E-mail cannot be guaranteed to be a secure or error free transmission, as information could be intercepted, corrupted, lost, destroyed.

**Section 1557- LEP 15 Languages Spoken NC**

<p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-359-3053 Spanish</p>	<p>注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-359-3053 Chinese</p>
<p>CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800- 359-3053 Vietnamese</p>	<p>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-359-3053 Korean</p>
<p>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-359-3053 French</p>	<p>ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم xxx-xxx-xxxx-1 (رقم هاتف الصم والبكم: xxx-xxx-xxxx-1). Arabic</p>
<p>LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800- 359-3053 Hmong</p>	<p>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-359-3053 Russian</p>
<p>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800- 359-3053 Tagalog</p>	<p>સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-359-3053 Gujarati</p>
<p>ប្រជុំ បើសិនជាអ្នកនិយាយ ភាសាអង្គរ, សេវាជំនួយភាសា ដោយឥតគិតថ្លៃ 1-800- 359-3053 Mon-Khmer, Cambodian</p>	<p>ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800- 359-3053 German</p>
<p>ध्यान दें: यदि आप □□□□ बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800- 359-3053 Hindi</p>	<p>ໄປດຊາບ: ຖ້າ ທ່ານ ກວ້າງ ກາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອ ທາຍາສາ, ໂດຍບໍ່ ຈ້າງ ຈ່າຍ ມີ ພ້ອມໃຫ້ ທ່ານ. ໂທ 1-800- 359-3053 Laotian</p>
<p>注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800- 359-3053 Japanese</p>	