



3937 Patient Care Drive • Suite 104 • Lansing, MI 48911 • 517-619-0300 • Redcedarpodiatry.com

**Patient consent for use and disclosure
Of protected health information**

With my consent, Red Cedar Podiatry PC may use and disclose my protected health information (PHI) to carry out treatment and payment and healthcare operations (TPO).

I have the right to review the Notice of Privacy Practices prior to signing this consent. Red Cedar Podiatry reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Red Cedar Podiatry PC 3937 Patient Care Dr Suite 104 Lansing MI 48911.

With my consent, Red Cedar Podiatry PC may call my home or other designated location, leave a message on voice mail or in person, and fax information in reference to any items that assist the practice in carrying out TPO, such as: appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Red Cedar Podiatry PC may mail to my home or other designated location any item that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With my consent, Red Cedar Podiatry PC may share information with other medical personnel.

By signing this form, I am consenting to Red Cedar Podiatry PC's use and disclosure in reliance upon my prior consent. If I do not sign this consent, Red Cedar Podiatry PC may decline to provide treatment to me.

Signature

Date

Print Child's Name (IF UNDER 18) Date

PATIENT PRIVACY QUESTIONNAIRE:

I. FOR MINORS ONLY: Please list the family members (PLEASE INCLUDE THEIR RELATIONSHIP TO PATIENT) or other persons, if any, who have your permission to bring your child for treatment to Red Cedar Podiatry PC If none, please indicate below:

II. Please list the family members or other persons, if any, whom we may inform about your child's/your own (if 18 or older) general medical condition and diagnosis (including treatment, payment, and health care operations). If none, please indicate below:
