

**Consent for purposes of treatment, payment,
and healthcare operations.**

I consent to the use or disclosure of my protected health information by **Dr. Edward M. Lang** for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of **Dr. Edward M. Lang**. I understand that diagnosis or treatment of me by Dr. Lang may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Dr. Lang is not required to agree to the restrictions that I may request. However, if Dr. Lang agrees to a restriction that I request, the restriction is binding on Dr. Lang.

I have the right to revoke this consent, in writing, at any time, except to the extent that Dr. Lang has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Dr. Lang's Notice of Privacy Practices prior to signing this document. The **Dr. Edward M. Lang's** Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Dr. Lang's practice. The Notice of Privacy Practices for Dr. Lang is also provided at **2626 Jena Street New Orleans, LA 70115** This Notice of Privacy Practices also describes my rights and Dr. Lang's duties with respect to my protected health information.

Dr. Lang reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Date

Print Name of Patient or Personal Representative

You may have the right to have your physician amend your protected health information.

This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact, **Bill Graffagnini** at 504-897-3627 for further information about the complaint process.

I acknowledge by my signature that I have read the above Notice of Privacy Practice statement, and I have been given a copy for my personal use.

Patient Signature

Date