

DISCLOSURE OF HEALTH INFORMATION

Because of the new federal "Health Insurance Portability and Accountability Act" of 1996 (HIPPA), we are required to get your consent for the disclosure of your private health information.

I consent to the use or disclosure of my protected health information by Mark Pinsky D.O for the purpose of diagnosing or providing treatment to me, during the course of clinical studies, obtaining payment for my healthcare bills, or to conduct healthcare operations of Pinsky Family and Sports Medicine Center. I understand that diagnosis or treatment of me by Mark Pinsky D.O 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 and disclosed to carry out treatment, payment or healthcare operations of the practice. Pinsky Family and Sports Medicine Center is not required to agree to the restrictions that I may request. However, if Pinsky Family and Sports Medicine Center agrees to a restriction that I request, the restriction is binding on Pinsky Family and Sports Center and Mark Pinsky D.O.

I have a right to revoke this consent, in writing, at any time, except to the extent that Mark Pinsky D.O or Pinsky Family and Sports Medicine Center 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 healthcare 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 that I have the right to review Pinsky Family and Sports Medicine Center's Notice of Privacy Practices prior to signing this document. The Pinsky Family and Sports Medicine Center's Notice of Privacy Practices as part of Medical Associates of Brevard, has been disclosed 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 bills or in the performance of healthcare operations of the Pinsky Family and Sports Medicine Center. The Notice of Privacy Practices for the Pinsky Family and Sports Medicine Center is also provided in the lobby. This Notice of Privacy Practices also describes my rights and the Pinsky Family and Sports Medicine Center's duties with respect to my protected health information.

Pinsky Family and Sports Medicine Center reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised noticed of privacy practices by asking the staff at Pinsky Family and Sports Medicine Center.

Signature of Patient or Personal Representative Date

Name of Patient or Personal Representative Date