

**Lake Shore Retina, S.C.**

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**Consent for Release and Use of Confidential Information and Receipt of Notice of Privacy Practices Form**

I hereby give consent to the physicians at the office listed above to use or disclose for the purpose of receiving payment or health operations all information contained in my patient record.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,hereby acknowledge receipt of the physician’s Notice of Privacy Practices. The Notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information.

I understand that the physician has reserved a right to change his or her privacy practices that are described in the Notice. I also understand that a copy of any Revised Noice will be provided to me or made available.

I understand that this consent is valid until revoked by me. I understand that I may revoke this sconsent at any time by giving written notice of my desire to do so to the physician. I also understand that I will not be able to revoke this consent in cased where the physician has already relied on it to use or disclose my health information. Written revocation of consent must be sent directly to the physician’s office.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are not the patient, please specify your relationship to the patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

DEFINITIONS ON REVERSE SIDE.

-Patient’s File

**CONSENT FORM DEFINITIONS**

“Health care operations” refers to a large number of activities, including:

1. Conducting quality assessment and improvement activities, including outcome evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;

2. Reviewing the competence or qualifications of heath care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in area of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, credentialing activities;

3. Under writing, premium rating, and other activities relating to creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance);

4. Conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse detection and compliance programs;

5. Business planning and development , such as conducting cost management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development improvement of methods of payment or coverage policies; and

6. Business management and general administrative activities including but not limited to: (a) management activities relating to HIPAA privacy rule compliance; (b) customer services, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policyholder, plan sponsor, or customer; (c) resolution of internal grievances; (d) due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a covered entity; and (e) creating de-identified health information, fundraising for the benefit of the covered entity, and marketing for which an individual authorization is not required.

“Payment” means the activities undertaken by the physician to obtain reimbursement for the provision of health care. These activities referred to in this definition relate to the individual to whom health care is provided and include, but are not limited to:

1. Determination of eligibility coverage(including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;

2. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing;

3. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness or care, or justification of charges;

4. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and

5. Disclosure to consumer reporting agencies of any of the following information relating to reimbursement: name and address, date of birth, Social Security number, payment history, account number, and name and address of the physician.

“Treatment” means the provision, coordination, or management of health care and related services by one or more heath care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patent for health care providers or another.

“Use” means the sharing, employment, application, utilization, or analysis of patient information within the physician’s practice that maintains such information.