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## **CONSENT FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS**

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The Medical Center will have the patient and/or authorized representative sign a consent form to acknowledge their understanding and the opportunity to receive information on the use or disclose of their health information for treatment, payment and health care operations, and the hospital's privacy practices.

The Medical Center may disclose protected health information to another healthcare provider directly involved in treatment, payment or other health care operations.

The patient will be advised that he or she has the right to request restrictions on the use of their health care information, as described in the Notice of Privacy Practice. The Medical Center retains the right to deny requests for restrictions.

If the patient requests restrictions on the use and or disclosure of their health information, the restriction will be forwarded to the Privacy Officer or designee for review, follow up and determination.

The hospital will retain the consent form in the patient's medical record for no less than a period of six (6) years.