Orthopedic Knee, Shoulder and Sports Surgery
San Antonio Hand to Shoulder Orthopaedic Center
Michael M. Heckman, M.D., P.A.
Mark A. Katz, M.D.

Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by **Orthopaedic Knee, Shoulder & Sports Surgery/San Antonio Hand to Shoulder Orthopaedic Center** for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of **Orthopaedic Knee, Shoulder & Sports Surgery/San Antonio Hand to Shoulder Orthopaedic Center.** I understand that diagnosis or treatment of me by **Orthopaedic Knee, Shoulder & Sports Surgery/San Antonio Hand to Shoulder Orthopaedic Center** 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. **Orthopaedic Knee, Shoulder & Sports Surgery/San Antonio Hand to Shoulder Orthopaedic Center** is not required to agree to the restrictions that I may request. However, if **Orthopaedic Knee, Shoulder & Sports Surgery/San Antonio Hand to Shoulder Orthopaedic Center** agrees to a restriction that I request, the restriction is binding in the office of **Orthopaedic Knee, Shoulder & Sports Surgery/San Antonio Hand to Shoulder Orthopaedic Center.**

I have the right to revoke this consent, in writing, at any time, except to the extent that **Orthopaedic Knee, Shoulder & Sports Surgery/San Antonio Hand to Shoulder Orthopaedic Center** has taken action in reliance on this consent.

My "protected health information" (PHI), means health information, including my demographics 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 **Orthopaedic Knee, Shoulder & Sports Surgery/San Antonio Hand to Shoulder Orthopaedic Center** Notice of Privacy Practices prior to signing this document. ****Orthopaedic Knee, Shoulder & Sports Surgery/San Antonio Hand to Shoulder Orthopaedic Center** 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 the practice. Notice of Privacy Practices for **Orthopaedic Knee, Shoulder & Sports Surgery/San Antonio Hand to Shoulder Orthopaedic Center** is provided at 9150 Huebner Rd. Suite 330, San Antonio, Texas 78240. This Notice of Privacy Practices also describes my rights and the duties of **Orthopaedic Knee, Shoulder & Sports Surgery/San Antonio Hand to Shoulder Orthopaedic Center** with respect to my protected health information.

Orthopaedic Knee, Shoulder & Sports Surgery/San Antonio Hand to Shoulder Orthopaedic Center reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice or 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	Print Name of Patient or Personal Representative
Date	Description of Personal Representative's Authority