



San Antonio
Hand to Shoulder
Orthopaedic Center

Mark A. Katz, M.D.
9150 Huebner Road, Suite 162 • San Antonio, TX 78240
Tele (210) 259-8155 • Fax (210) 259-8182
www.sahantoshoulder.com

HIPAA Consent for Purposes of Treatment, Payment, and Healthcare Operations

I consent to the use or disclosure of my protected health information by **Mark Katz, MD PA d/b/a 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 **San Antonio Hand to Shoulder Orthopaedic Center**. I understand that diagnosis or treatment of me by **San Antonio Hand to Shoulder Orthopaedic Center** may be disclosed as stated 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. **San Antonio Hand to Shoulder Orthopaedic Center** is not required to agree to the restrictions that I may request. However, if **San Antonio Hand to Shoulder Orthopaedic Center** agrees to a restriction that I request, the restriction is binding in the office of **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 **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 **San Antonio Hand to Shoulder Orthopaedic Center** Notice of Privacy Practices prior to signing this document. **San Antonio Hand to Shoulder Orthopaedic Center’s** Notice of Privacy Practices is available to me and has been provided to me upon request. 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 **San Antonio Hand to Shoulder Orthopaedic Center** is provided at 9150 Huebner Rd. Suite 162, San Antonio, Texas 78240 and available online at www.sahantoshoulder.com. This Notice of Privacy Practices also describes my rights and the duties of **San Antonio Hand to Shoulder Orthopaedic Center** with respect to my protected health information.

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