



**NACOGDOCHES
G.I. CONSULTANTS**
P L L C

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

I consent to the use or disclosure of my protected health information by Nacogdoches G.I. Consultants, PLLC, for the purpose of diagnosing or providing treatment to me, obtaining payment for my healthcare bills, or to conduct healthcare operations. I understand that diagnosis and or treatment by Dr. Carl Jones may be conditioned upon my consent as evidenced by my signature of 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 this practice. Nacogdoches G.I. Consultants, PLLC are not required to agree to the restrictions that I may request. However, if Nacogdoches G.I. Consultants, PLLC agrees to the restriction that I request, the restriction is binding on Nacogdoches G.I. Consultants, PLLC, Dr. Carl Jones.

I have the right to revoke this consent, in writing, at any time, except to the extent that Dr. Carl Jones and Nacogdoches G.I. Consultants, PLLC has taken action in reliance on this consent.

My "protected health information" means health information, including my demographics information collected from me and created or received by my physician, another healthcare provider, a health plan, my employer, or healthcare clearing house. This protected health information relates to my past, present, or future physical or mental health or condition, that identifies me, or is reasonable basis to believe the information may identify me.

I understand I have the right to review Nacogdoches G.I. Consultants, PLLC Notice of Privacy Practices prior to signing this document. The Nacogdoches G.I. Consultants, PLLC Notice of Privacy Practices has been provided to me, and this notice 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 healthcare operations of Nacogdoches G.I. Consultants, PLLC. The notice of Privacy Practices of Nacogdoches G.I., PLLC is also provided in the lobby and upon request from the office staff, and describes my rights and the duties of Nacogdoches G.I. Consultants, PLLC with respect to my protected health information.

I may obtain a revised Notice of Privacy Practices by calling the office and requesting a copy or requesting a copy at the time of my next appointment.

X _____

Signature of the Patient or Personal Representative

_____ Date

Print name of the Patient or Personal Representative