

**Consent for Use and Disclosure of Health Information for  
Treatment, Payment, or Healthcare Operations by Alaska Hand Rehabilitation**

**Please initial each statement:**

- I understand that as a part of the provision of my healthcare services by Alaska Hand Rehabilitation, Inc., health information is collected, compiled, and maintained in my medical record. This information includes a description of my health history, physical examinations, test results, surgical reports, pathology and other laboratory reports, medications, treatment plans, and communications among the healthcare staff (including my referring medical provider).
- I understand that this information is used as a source for my treatment and care. It is also used for preparation of my bill, for verification by my insurance carrier or third-party payer that services were billed correctly, and for routine healthcare operations of the facility, such as conducting quality assessments, reviewing the competence of health care providers, and conducting planning and auditing functions.
- I have been offered a copy of the Alaska Hand Rehabilitation, Inc. HIPAA Omnibus that provides a more complete description of uses and disclosures of my health information and understand that I have the right to review this notice prior to signing this consent.
- I understand that Alaska Hand Rehabilitation, Inc reserves the right to change its HIPAA Omnibus and to make the revised notice provisions effective for all protected health information it maintains. I may obtain a copy of any revised notices by asking the privacy officer.
- I understand that I have the right to request that Alaska Hand Rehabilitation, Inc restrict how my health information may be used or disclosed to carry out treatment, payment, or health care operations and that Alaska Hand Rehabilitation, Inc. is not required to agree to any restrictions requested. However, if the restrictions are agreed to, the restriction is binding on Alaska Hand Rehabilitation, Inc..
- I understand that I have the right to revoke this consent in writing except to the extent that Alaska Hand Rehabilitation, Inc has already taken action in reliance on the consent.
- I have read and understand page 3 and 4 of the financial and cancellation policy and agree to the consent of use and disclosure of health information for treatment, payment, or healthcare operations by Alaska Hand Rehabilitation, Inc.

**Acknowledgement of Financial Policy**

- I have been provided a copy of Alaska Hand Rehabilitation, Inc. Financial Policy and acknowledge that I understand and will commit to the provisions of this policy.
- I acknowledge that it is my responsibility to check with my insurance carrier regarding benefit limits and services covered.

\_\_\_\_\_  
Signature of Individual or Legal Representative

\_\_\_\_\_  
Date

**Out of consideration for those with allergies, please do not wear  
perfumes or other scented products. Thank you.**