



The Plaza Foot Care Center

I hereby give my consent for Drs. John Riley and Brian Ware dba The Plaza Foot Care Center, PC to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (The Plaza Foot Care Center, PC's Notice of Privacy Practices provides a more complete description of such uses and disclosures.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. The Plaza Foot Care Center, PC reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to The Plaza Foot Care Center, PC Privacy Officer, at 411 Nichols Rd, Suite 174, Kansas City, MO 64112.

With this consent, The Plaza Foot Care Center, PC may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others. However, our policy is not to leave detailed messages regarding Protected Health Information or anything related to treatment, payment, or healthcare operations.

With this consent, The Plaza Foot Care Center, PC may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With this consent, The Plaza Foot Care Center, PC may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that the Plaza Foot Care Center, PC restrict how it uses or discloses my PHI to carry out TPO.

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to the Plaza Foot Care Center, PC's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, The Plaza Foot Care Center, PC may decline to provide treatment.

_____ Signature of Patient or Guardian

_____ Print Name of Patient or Legal Guardian

_____ Date