



**Consent to Use or Disclose Protected Health Information
For Treatment, Payment and Health Care Operations**

I consent to allow Skyview Family Medicine to use or disclose my protected health information for treatment, payment and health care operations.

- Treatment means the provision, coordination, or management of health care and related services by one or more health care providers.
- Payment means the activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care.
- Health care operations means conducting quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals; underwriting, premium rating, and other activities related to health insurance contracts; medical reviews; legal services; auditing functions; and business management and general administrative activities of Skyview Family Medicine.

I consent to allow Skyview Family Medicine to disclose my protected health information for treatment activities of another health care provider.

I consent to allow Skyview Family Medicine to disclose my protected health information to another covered entity or to another health care provider for the payment activities of the entity that receives the information.

I consent to allow Skyview Family Medicine to disclose protected health information to another covered entity for health care operations activities, provided that Skyview Family Medicine and the other covered entity has or had a relationship with the below named patient. The disclosure must be for treatment, payment, or health care operations or for the purpose of health care fraud and abuse detection or compliance.

I acknowledge that I have received a copy of Skyview Family Medicine' Notice of Privacy.

Name of patient _____ Date _____
(Please Print)

Signature of Person Authorizing Consent

Relationship to patient