

FHSU Student Health Center
Consent to Use and Disclosure of Protected Health Information for
Purposes of Treatment, Payment, and Health Care Operations

As a condition of providing treatment to you, Fort Hays State University (FHSU) must obtain your consent to use and disclose protected information about you to carry out treatment, payment, and the health care operations of FHSU.

You may revoke this consent at any time by notifying FHSU in writing, except to the extent FHSU has taken action and reliance on your consent.

Your protected health information may be used and disclosed to carry out treatment, payment, or health care operations.

Please refer to the Notice of Privacy Practices for Protected Health Information ("Privacy Notice") for a more complete description of the uses and disclosures that FHSU may use of your protected health information. You have the right to review the Privacy Notice prior to signing the consent.

FHSU has reserved the right to change its privacy practices described in the Privacy Notice. In accordance with the law, the terms of the Privacy Notice may change. At any time, you may obtain a copy of the current Privacy Notice and any revised notice by requesting the Privacy Notice in writing or by requesting a notice in person.

You have the right to request FHSU to restrict the manner in which your protected health information is used or disclosed to carry out treatment, payment, or health care operations. FHSU is not required, however, to agree to such requested restrictions. If, however, FHSU agrees to the requested restriction, FHSU will honor the request and it will be binding on FHSU.

I hereby consent to the use and disclosure by FHSU, its workforce, and its business associates of my protected health information for purposes of treatment, payment, and health care operations.

Signature of Patient

Date

Signature of Personal Representative of Patient

Date

Description of Representative's Authority to Act for Patient

Authorization 002
04/01/03