



Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by NORTHEAST RADIOLOGY, PC for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Northeast Radiology, P.C. I understand that diagnosis or treatment of me by NORTHEAST RADIOLOGY, P.C. may be conditioned upon my consent as evidenced by my signature on 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 operation of the practice. NORTHEAST RADIOLOGY, P.C. is not required to agree to the restrictions that I may request. However, if NORTHEAST RADIOLOGY, P.C. agrees to a restriction that I request, the restriction is binding on Northeast Radiology, P.C.

I have the right to revoke this consent, in writing, at any time, except to the extent that Northeast Radiology, P.C. has taken action in reliance on this consent.

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

I understand I have a right to review Northeast Radiology, P.C.'s Notice of Privacy Practices prior to signing this document. The Northeast Radiology, P.C.'s Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices 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 health care operations of the Northeast Radiology, P.C. The Notice of Privacy Practices for Northeast Radiology, P.C. is also provided at 3839 Danbury Road, Brewster, NY 10509, (845) 278-6200 and on the Northeast Radiology's website at WWW.NERAD.COM. This Notice of Privacy Practices also describes my rights and the NORTHEAST RADIOLOGY'S duties with respect to my protected health information.

NORTHEAST RADIOLOGY, P.C. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by accessing the NORTHEAST RADIOLOGY, P.C.'S website, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date