Olim and Associates
Authorization Form for Use and Disclosure
Of Protected Health Information (PFI)
And Treatment, Payment and Healthcare Operations (TPO)

______________________________ ______________________________
Print Patient's Name Date

I hereby give my consent for Olim and Associates to use and disclose protected health information (PHI) about me to carry out Treatment, Payment and Health Care Operations (TPO). The Notice of Privacy Practices (NPP) provided by Olim and Associates describes such uses and disclosures more completely.

I have the right to review or request a copy of the Notice of Privacy Practices (NPP) prior to signing this consent. Olim and Associates reserves the right to revise its Notice of Privacy Practices at any time according to the current law. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Olim and Associates, Attn: Privacy Officer, 1615 South Fry Road, Katy, Texas 77450.

With this consent, Olim & Associates may contact me in person or by calling my home and/or any other alternative phone number; and may leave a message on voice mail in reference to any item that assist the practice in carrying out TPO, such as appointment reminders, insurance issues or concerns pertaining to my clinical care, including laboratory test results, or among other pertinent information concerning my care.

With this consent, Olim and Associates may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards, patient statements, insurance information and practice notices pertaining to my care.

With this consent, Olim and Associates may e-mail to my address or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards, patient statements, insurance information and practice notices.

With this consent, Olim and Associates will not sell my information to any third party for benefit of an additional income.

With this authorization, Olim & Associates can release my PFI to other physicians in reference to my care, insurance companies and claim processing warehouses limited to only necessary information pertaining to my care and insurance claims

I have the right to request that Olim and Associates restrict how it uses or discloses my PHI to carry out TPO. I will put my requests in writing to the Olim & Associates, Attn: Privacy Officer, 1615 South Fry Road, Katy, Texas 77450. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

With this consent, I authorize Olim and Associates the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

☐ Spouse or Significant Other______________________________ ☐ Child______________________________

☐ Information is not to be released to anyone.

I hereby authorize the use and disclosure of the patient information as described above. I understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPPA Privacy regulations. By signing this form, I am consenting to allow Olim & Associates to use and disclose my PHI to carry out TPO.

______________________________ ______________________________ ____________________
Signature of Patient or Legal Guardian Printed Name of Signee Date

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, Olim and Associates may decline to provide treatment to me.

Patient Signature: ______________________________ declines to sign Use and Disclosure of PFI

Date: ______________________________ Employee Initials: ____________________