

TENNESSEE VALLEY SURGERY GROUP, P.C.

CONSENT FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR PAYMENT,  
TREATMENT AND HEALTH CARE OPTIONS

By signing below, you hereby consent for **Tennessee Valley Surgery Group, P.C.** to use or disclose information about yourself (or another person for whom you have the authority to sign) that is protected, under federal law, for the sole purposes of treatment, payment and health care operations. You may refuse to sign this consent form.

You should read the *Notice of Privacy Practices for Protected Health Information* attached to this form before signing the consent. The terms of the notice may change from time to time, and you may always get a revised copy of it by asking the Privacy Officer at Tennessee Valley Surgery Group, P.C.

Information about you is protected under federal law, and you have the right to revoke this consent, unless we have taken action in reliance on your authorization (as determined by our Privacy Officer). By signing below, you recognize that the protected health information used or disclosed pursuant to this consent may be subject to re-disclosure by the recipient and may no longer be protected under federal law.

**I hereby authorize Tennessee Valley Surgery Group, P.C., physicians and staff to reveal to the following individuals as needed, information regarding my PHI and billing information. I understand that once this information is disclosed to these individuals, Tennessee Valley Surgery Group, P.C. will have no control over whom these individuals may reveal this information. I may revoke this authorization at anytime by giving written notice to Tennessee Valley Surgery Group, P.C.**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Individual signature

\_\_\_\_\_  
Date

As a personal representative, I have authority to act for the individual because I am the individual's

\_\_\_\_\_.