### Van Houten Medical Company

Patient Consent for Use and Disclosure
of Protected Health Information

I hereby give my consent for **Van Houten Medical Co.** 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 provided by **Van Houten Medical Co.** describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent.

**Van Houten Medical Co.** reserves the right to revise its Notice of Privacy Practices

at any time. A revised Notice of Privacy Practices may be obtained by forwarding a

written request to **HIPAA Compliance c/o Van Houten Medical Co. 206 E. Jackson Street Weimar, Tx 78962**.

With this consent, **Van Houten Medical Co.** may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, **Van Houten Medical Co.** may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked “Personal and Confidential.”

With this consent, **Van Houten Medical Co.** may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that **Van Houten Medical Co.** restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow **Van Houten Medical Co.** to use and disclose my PHI to carry out TPO.

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, **Van Houten Medical Co.** may decline to provide treatment to me.

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Signature of Patient or Legal Guardian

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Print Patient’s Name Date

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Print Name of Patient or Legal Guardian, if applicable