

# LIMB SALVAGE INSTITUTE, LLC



Wound Care on Wheels

8833 Perimeter Park BLVD, Suite 501  
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## **Consent for Purposes of Treatment, Payment and Health Care Operations**

I, \_\_\_\_\_ consent to the use or disclosure of my protected health information by Desmond P. Bell, Jr., DPM, CWS or providers of his choice for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Limb Salvage Institute, LLC.

I understand that diagnosis or treatment of me by Desmond P. Bell, Jr., DPM, CWS or providers of his choice 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 health care operations of the practice. Desmond P. Bell, Jr., DPM, CWS is not required to agree to the restrictions that I may request. However, if Desmond P. Bell, Jr., DPM, CWS agrees to a restriction that I request, the restriction is binding on Desmond P. Bell, Jr., DPM, CWS.

I have the right to revoke this consent, in writing, at any time, except to the extent that Desmond P. Bell, Jr., DPM, CWS 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 Desmond P. Bell, Jr., DPM, CWS's Notice of Privacy Practices prior to signing this document. Desmond P. Bell, Jr., DPM, CWS'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 performances of health care operations of Desmond P. Bell, Jr., DPM, CWS.

The Notice of Privacy Practices for Desmond P. Bell, Jr., DPM, CWS is also provided at 8833 Perimeter Park BLVD; Suite 501; Jacksonville, FL 32216.

The Notice of Privacy Practices also describes my rights and the duties of Desmond P. Bell, Jr., DPM, CWS with respect to my protected health information.

Desmond P. Bell, Jr., DPM, CWS 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 calling the office and requesting a revised copy be mailed, or by asking for a revised copy at the time of my next appointment.

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Print name of patient/personal representative

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Signature of patient/personal representative

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Date