Neurology Clinic of Maryland, Inc
Dr. Sheetal Harish Wagle
10170 Hickory Ridge Rd
Columbia. MD 21044
Tel: (410) 988· 4013
Fax: (928) 832-1095

New Patient Consent to Use and Disclosure of Health Information for Treatment, payment or Healthcare Operations

I, __________________ understand that as part of my health care, Neurology Clinic of Maryland, Inc) originates and maintains paper and/or electronic records describing my health history, symptoms, examinations and test results, diagnoses, treatment and any plans for future care or treatment I understand that this is information serves as:

- As basis for planning my care and treatment.
- A means. of communication among the many health professions who contribute to my bill,
- A source of information tor applying my diagnosis and surgical information to my bill.
- A means by which a third-party payer can verify that services billed were actually provided, and A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have .been provided with a Notice of Privacy Practices that provided a more complete descriptions of information uses and disclosures. I understand that I have the following fights and privileges:

- The right to review the notice prior to signing this consent,
- The right to object to use of my health information for directory purposes, and
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations

I understand that Neurology Clinic of Maryland, Inc is not required to agree to the restrictions requested, I understand that I may revoke this Consent in writing, excerpt to the extent that the organization has already take action in the reliance thereon, I also understand that by refusing to sign this consent or revoking this Consent, this organization may refuse to treat me permitted by section 164.506 of the Code of federal Regulation.
I further understand that Neurology Clinic of Maryland, Inc reserves the right to change their notice and practices and prior to implementation, in accordance with Section 164.520 of the Cod of federal Regulation. Should Neurology Clinic of Maryland, Inc change their notice, they will send a copy of the notice to the address I' ve provided (whether U.S, mail or if I agree, email),
I wish to have the following restricts to use or disclosure of my health information:

I understand that as part of this organizations, treatment payment, or health care operations, it may become necessary to disclose my protected heath information to another entity, and I consent to such disclosure for these permitted uses, including disclosure via fax,
I fully understand and accept/decline (circle one} the terms of this Consent.

____________________________ ____________________________

Authorized Person's Signature Date