



Ironwood Physicians
Ironwood Cancer & Research Centers
Ironwood Radiology

Patient Consent for Use and Disclosure of Protected Health Information

With your consent, Ironwood Physicians may use and disclose protected health information (PHI) about you to carry out treatment, payment and health care operations (TPO). Please refer to our Notice of Privacy Practices for a more complete description of such uses and disclosures. You have the right to review our Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to our Privacy Officer at PO Box 6423, Chandler, AZ 85246

With your consent, Ironwood Physicians may mail to your home or office and leave a message in reference to any items that assist the practice in carrying out TPO such as appointment reminders, insurance items and any call pertaining to your clinical care.

With your consent, Ironwood Physicians may mail to your home or office any items that assist the practice in carrying out any TPO such as appointment reminder cards and patient statements.

You have the right to request that we restrict how we use or disclose your PHI to carry out treatment, payment and healthcare operations. However, we are not required to agree to your requested restrictions, but if we do, we are bound to our agreement.

By signing this form, you are consenting to our use and disclosure of your PHI to carry out treatment payment and healthcare operations. This consent may be revoked in writing except to the extent that we may have already made disclosures in reliance upon your prior consent. **If you decline to sign this consent, we may decline to provide treatment for you.**

Patient Name:

Signature of Patient or Legal
Guardian _____

Print Legal Guardian Name (If applicable)

Date _____