



## STATEMENT OF PRIVACY POLICY

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by Colorado Urology Associates, LLC, of their Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such Notice of Privacy Practices prior to signing the consent. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that Colorado Urology restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that Colorado Urology is not required to agree to my requested restrictions, but if Colorado Urology does agree then the organization is bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that Colorado Urology has taken action relying on this consent.

Colorado Urology participates in Colorado Regional Health Information Organization (CORHIO), a regional health information exchange serving Colorado. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care, and to assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CORHIO by completing and submitting an Opt-Out form to CORHIO by mail/fax or through their website at [www.corhio.org](http://www.corhio.org).

### Release of information contacts (PLEASE PRINT NAMES):

First Individual: \_\_\_\_\_

Second Individual: \_\_\_\_\_

Third Individual: \_\_\_\_\_

Accepted

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date