

Professional Urgent Care Services

Hiten Upadhyay, MD
640 Tyrone Blvd N
St. Petersburg, Florida 33710

CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Your protected health information will be used by Professional Urgent Care Services, or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

You should review the Notice of Privacy Practices for a more complete description of how your protected health information may be used or disclosed. You may review the notice prior to signing this consent. You may request a restriction on the use or disclosure of your protected health information. Professional Urgent Care Services may or may not agree to restrict the use or disclosure of your protected health information. Use or disclosure of protected information in violation of an agreed upon restriction will be violation of the federal privacy standards.

REVOCAION OF CONSENT

You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

Professional Urgent Care Services reserves the right to modify the privacy practices outlined in this notice.

I have reviewed this consent form and give my permission to Professional Urgent Care Services to use and disclose my health information in accordance with it.

Name of Patient (Print or type)

Signature of Patient

Signature of Patient Representative