

**TEXAS KIDNEY SPECIALISTS, P.A.**

4645 Sweetwater Blvd. Suite 350  
Sugar Land, Texas 77479

Consent for Purposes of Treatment, Payment, and Healthcare Operations

I consent to the use and/or disclosure of my protected health information by TEXAS KIDNEY SPECIALISTS, P.A. (referred to as Texas Kidney Specialists in this document) for the purpose of diagnosing or providing treatment, collecting payment for my healthcare bills or to conduct healthcare operations. I understand that diagnoses or treatment of me by TEXAS KIDNEY SPECIALISTS may be conditioned upon my consent as evidenced by my signature on this document. I understand that 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 healthcare operations. TEXAS KIDNEY SPECIALISTS is not required to agree on the restrictions that I may request, the restriction is binding on TEXAS KIDNEY SPECIALISTS. I have the right to revoke this consent in writing, at any time, except to the extent that TEXAS KIDNEY SPECIALISTS has acted 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 that I have the right to review TEXAS KIDNEY SPECIALISTS'S NOTICE of Privacy Practices prior to signing this document. The TEXAS KIDNEY SPECIALISTS'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 bills or in the performance of health care operations of TEXAS KIDNEY SPECIALISTS. The Notice of Privacy Practices also describes my rights and the TEXAS KIDNEY SPECIALISTS'S duties with respect to my protected health information.

TEXAS KIDNEY SPECIALISTS 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 to be sent electronically or asking for one at the time of my next appointment.

**I HEREBY AUTHORIZE THE RELEASE AND DISCLOSURE** of any and all information with reference to my health and medical history and treatment to/from TEXAS KIDNEY SPECIALISTS, to medical providers and insurance companies including the Health Care Financing Administration and its agents and/or with which I have a medical/business relationship.

**I HEREBY AUTHORIZE PAYMENT** of insurance benefits to be made directly to Texas Kidney Specialists including Medicare benefits, if applicable. I understand I am financially responsible for all charges whether or not they are covered by insurance and agree to pay costs of collection in the event of default.

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Signature of Patient or Personal Representative

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Name of Patient or Personal Representative

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Date