

**The Doctors Group, PC
d.b.a.: Mark R. Henry, M.D., P.C.**

Patient Consent for Use & Disclosure of Protected Health Information

I hereby give my consent for The Doctors Group, PC, d.b.a.: Mark R. Henry, M.D., P.C. to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). (The Notice of Privacy Practices provided by The Doctors Group, PC, d.b.a.: Mark R. Henry, M.D., P.C. describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. The Doctors Group, PC, d.b.a.: Mark R. Henry, M.D., P.C. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to The Doctors Group, PC, d.b.a.: Mark R. Henry, M.D., P.C., Attn: Privacy Officer, 1125 East Michigan Avenue, Suite 5, Battle Creek, MI 49014.

With this consent, The Doctors Group, PC, d.b.a.: Mark R. Henry, M.D., P.C. may call my home or other alternative location and leave a message on voice mail, with a responsible party who answers the phone or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care.

With this consent, The Doctors Group, PC, d.b.a.: Mark R. Henry, M.D., P.C. may mail to my home or other alternative locations any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements.

With this consent, The Doctors Group, PC, d.b.a.: Mark R. Henry, M.D., P.C. may e-mail to my home or other alternative locations any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements. I have the right to request that The Doctors Group, PC, d.b.a.: Mark R. Henry, M.D., P.C. restricts how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow The Doctors Group, PC, d.b.a.: Mark R. Henry, M.D., P.C. to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, The Doctors Group, PC, d.b.a.: Mark R. Henry, M.D., P.C. may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Date

Relationship to Patient

Print Name of Patient

Print Name of Legal Guardian If Applicable

Patient/Guardian must be provided with a signed copy of this authorization form.

1125 East Michigan Avenue•Suite 5•Battle Creek•Michigan•49014