



Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations.

Iowa Sleep originates and maintains health records describing health history, symptoms, examinations, test results, diagnosis, treatment, and any plans for future care. I understand that this information serves as a basis for:

- Planning my care and treatment.
- Communication among health professionals who contribute to my care.
- Insurance billing.
- Assessing healthcare quality.

A *Notice of Information Practices* is available at Iowa Sleep that provides a more complete description of information uses and disclosures.

I understand that I have the right to:

- 1) Review the notice prior to signing this consent.
- 2) Request a restriction on my health information.

If I request restrictions Iowa Sleep will not send out the restricted information unless required by law.

Please print name, relationship, and telephone number for each person to whom you are authorizing release of private health care information and account balances.

Name

Relationship

Phone #

Name

Relationship

Phone #

Name

Relationship

Phone #

Patient Signature

Date