

Active Feet Clinic  
2835 Fort Missoula Road  
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**PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

I hereby give my consent for Active Feet Clinic to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Dr. Schrupf's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Active Feet Clinic reserves the right to revise its Notice of Privacy Practices at anytime A revised Notice of Privacy Practices may be obtained by forwarding a written request to Active Feet Clinic, Privacy Officer at 2835 Fort Missoula Road, PC3 Suite 304, Missoula MT, 59804.

With this consent, Active Feet Clinic may call my home or other alternative location and leave a message on voice mail 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, including laboratory results among others.

With this consent, Active Feet Clinic may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards.

I have the right to request that Active Feet Clinic restrict how it uses or discloses my PHI to carry out TPO. However, 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 Active Feet Clinic's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosure upon my prior consent. If I do not sign this consent. Or later revoke it, Active Feet Clinic may decline to provide treatment to me.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date