



**101 Holbrook Street  
Danville, VA 24541  
(434) 792-7765 - Phone  
(434) 793-4061 - Fax**

**PATIENT CONSENT FOR USE AND  
DISCLOSURE OF PROTECTED HEALTH INFORMATION**

With my consent, OB-GYN Associates of Danville may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to the Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review and/or obtain a copy of the Notice of Privacy Practices prior to signing this consent.

With my consent OB-GYN Associates of Danville may call my home or other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including normal laboratory results.

With my consent OB-GYN Associates of Danville may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder and patient statements.

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 OB-GYN Associates of Danville use and disclosure of my protected health information to carry out treatment, payment and healthcare operations.

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, OB-GYN Associates of Danville may decline to provide treatment to me.

\_\_\_\_\_  
(Signature of patient or Legal Guardian)

\_\_\_\_\_  
(Relationship to Patient)

\_\_\_\_\_  
(Patient's Name)

\_\_\_\_\_  
(Date)

\*Revised 9/23/13