

Kristine A. Eule, M.D.

Gynecology • Obstetrics • Infertility

CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

By signing this form, you are granting consent to Kristine Eule, M.D. to use and disclose your protected health information for the purposes of treatment, payment and health care operations. Our Notice of Health Information Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Health Information Privacy Practices before you sign this consent and we encourage you to read it in full.

Our Notice of Health Information Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting us at 303-770-0665. You have a right to request that we restrict how we use and disclose your protected health information for the purposes of treatments, payment or health care operations. We are not required by law to grant your request. However if we do decide to grant your request, we are bound by our agreement.

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

Signature

Date