



HEALTH CENTER OF ST. LOUIS

456 North New Ballas Road, Suite 154
Creve Coeur, MO 63141

Phone: 314-966-7570 **Fax:** 314-966-7788

CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS

I have been provided with a Notice of Privacy Practices, effective September 23, 2013, that provides a more complete description of my health information uses and disclosures. This notice replaces the previous notice of 2003. I understand that I have the right to review the notice prior to signing this consent. I understand that I have the right to request treatment, payment or healthcare operations.

I request the following restrictions and/or additional permissions of the use of my health information. (e.g. family members we have your permission to speak with regarding your care):

This authorization will remain valid unless changed by me in writing to **St. Louis Colon Rectal Health Center**.

Patient name (print)

Date

Patient signature

Witness signature