

Northeastern Ohio Fertility Center / Fertility Unlimited

Consent for Purposes of Treatment, Payment and Healthcare Operations Effective May 6, 2013

I consent to the use or disclosure of my Protected Health Information (PHI) by Northeastern Ohio Fertility Center (NEOFC) and /or Fertility Unlimited (FUI) for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations at NEOFC / FUI. I understand that diagnosis or treatment of me by Nicholas J Spirtos, D.O. or one of his associates, may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my PHI is used or disclosed to carry out treatment, payment or healthcare operations of the practice. NEOFC / FUI are not required to agree to the restrictions that I may request. However, if NEOFC / FUI agree to a restriction that I request, the restriction is binding on NEOFC / FUI and Nicholas J. Spirtos, D.O.

I have the right to revoke this consent, in writing, at any time, except to the extent that Nicholas J. Spirtos, D.O. or NEOFC / FUI has taken action in reliance on this consent.

My PHI means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearing house. This PHI relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis that information may identify me.

I understand I have a right to NEOFC / FUI's Notice of Privacy Practices prior to signing this document. The NEOFC / FUI's Notice of Privacy Practices has been provided to me. It describes the types of uses and disclosures of my PHI that will occur in my treatment, payment of my bills or in the performance of health care operations. The Notice of Privacy Practices is also provided at the office - 468 E Market St Akron, OH 44304 and at the website [www.drspirtos.com](http://www.drspirtos.com). This Notice of Privacy Practices also describes my rights and the NEOFC / FUI's duties with respect to my PHI.

NEOFC / FUI reserve the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by accessing the website, calling the office and requesting a revised copy be sent in the mail or asking for one at my next appointment.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

Printed name: \_\_\_\_\_