

CONROE WOODLANDS GASTROENTEROLOGY

DR. STEPHEN M. KELLY

1501 RIVER POINTE DR, STE 240 CONROE TX 77304

17198 ST. LUKES WAY, STE 620 THE WOODLANDS, TX 77384

Phone: (936) 760.1900 Fax: (936) 441.1907

**CONSENT FOR RELEASE OF INFORMATION FOR TREATMENT,
PAYMENT AND HEALTH CARE OPERATIONS**

I, the patient, hereby authorize Dr. Kelly to use and/or disclose my health information which specifically identifies me or which can reasonably be used to identify me to carry out my treatment, payment and health care operations. I understand that while this consent is voluntary, if I refuse to sign this consent, health care providers employed by Conroe Woodlands Gastroenterology, can refuse to treat me.

I have been informed that Conroe Woodlands Gastroenterology has prepared a notice which more fully describes the uses and disclosures that can be made of my individually identifiable health information for treatment, payment and health care operations. I understand that I have the right to review such Notice prior to signing the consent.

I understand that I may revoke this consent at any time by notifying Conroe Woodlands Gastroenterology, in writing, but if I revoke my consent, such revocation will not affect any actions that Conroe Woodlands Gastroenterology, took before receiving my revocation.

I understand that Conroe Woodlands Gastroenterology, has reserved the right to change their privacy practices and that I can obtain such changed notice upon request.

I understand that I have the right to request that Conroe Woodlands Gastroenterology restricts how my individually identifiable health information is used and/or disclosed to carry out treatment, payment or health operations. I understand that Conroe Woodlands Gastroenterology, does not have to agree to such restrictions, but that once such restrictions are agreed to Conroe Woodlands Gastroenterology, must adhere to such restrictions.