PRIVATE PAYOR:

PLEASE PLACE COPIES IN MY MEDICAL AND BILLING RECORDS

| I, | , pay out of pocke | t for the following proce | dures and |
|---|---|--|--|
| care. NONE of my information any of the procedures or care | should be shared with | | |
| Sharing information I have paid Recovery and Reinvestment Act | | on of SEC 13405 of the Ar | nerican |
| Specif | ic Procedures and Care | | Date Range |
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| carrying out payment treatment); and (2) the protected hea | requests under paragraph (a) covered entity restrict the disding paragraph (a)(1)(ii) of solif— se required by law, the disclott or health care operations (and | (1)(i)(A) of section 164.522 of sclosure of the protected healt uch section, the covered entity sure is to a health plan for pund is not for purposes of carry y to a health care item or serv | f title 45, Code h information must comply rposes of ing out |
| Contact me if you receive a sub- right to look at the records selec Thank you for your cooperation | cted before you share the | - | |
| Patient signature | | Phone | |