

# Lake Country Pharmacy & Compounding Center



## Patient Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for **Lake Country Pharmacy & Compounding Center** to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). (The Notice of Privacy Practices provided by **Lake Country Pharmacy & Compounding Center** describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. **Lake Country Pharmacy & Compounding Center** reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to **Carey A. Vaughan, PharmD at 1110 Commerce Drive, Suite 110, Greensboro, GA 30642.**

With this consent, **Lake Country Pharmacy & Compounding Center** may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls

pertaining to my clinical care, including laboratory test results, among others.

With this consent, **Lake Country Pharmacy & Compounding Center** may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked “Personal and Confidential.”

With this consent, **Lake Country Pharmacy & Compounding Center** may e-mail to my personal e-mail address or other alternate e-mail address any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that **Lake Country Pharmacy & Compounding Center** restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow **Lake Country Pharmacy & Compounding Center** to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, **Lake Country Pharmacy & Compounding Center** reserves the right to decline to provide treatment to me.