



Oklahoma Medical Research Foundation
Multiple Sclerosis Center of Excellence
820 Northeast 15th Street
Oklahoma City, OK 73104
405-271-6242
Fax: 405-271-2887
omrf.org/MSCenter

**DAVID DUBE PA-C
FARHAT HUSAIN, M.D.
GABRIEL PARDO, MD.
AMY THIESSEN, PT**

Consent to the Use and Disclosure of Health Information for Treatment, Payment, and/or Healthcare Operations.

I understand that as a part of my health and medical care, David Dube PA-C, Farhat Husain, M.D., Gabriel Pardo, M.D. originates and maintains medical and health records describing my health history, symptoms, examination and/or test results, diagnoses, treatment, and any plans for future care or treatment. I further understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among the health professionals who contribute to my care.
- A source of information for applying my diagnosis and treatment information to my bill.
- A means for a third-party payer to verify that services were billed as actually provided.
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I further understand and agree that this agreement to release information shall apply to all information accumulated up to this date and to any information acquired in the future. This agreement to release future information shall remain in force until such time as I shall revoke it in writing.

I understand that I have the right to review the PATIENT PRIVACY NOTICE prior to signing this consent. I understand that David Dube PA-C, Farhat Husain, M. D., and Gabriel Pardo, M.D. reserve the right to change their notice and practices, but that prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to request restrictions as to how my health information may be used and disclosed. I understand that I have the right to request treatment, payment, or healthcare operations and that David Dube PA-C, Farhat Husain, M.D., and Gabriel Pardo, M. D. are not required to agree to the restrictions requested. I understand that I must revoke this consent in writing except to the extent the organization has already take action in reliance thereon.

By Oklahoma Law we are required to notify you that the information authorized for release may include records that may include, but are not limited to diseases such as Hepatitis, Syphilis, Gonorrhea and Human Immunodeficiency Virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

Because of the new government regulations, we will not be able to discuss health care with anyone but the patient. If you would like for us to be able to give test results etc, to someone else, we must have your permission.

Please list up to three people other than your physician's to whom you would want us to speak with in regards to your health issues.

1. _____
Name Relationship

Contact Number _____

2. _____
Name Relationship

Contact Number _____

3. _____
Name Relationship

Contact Number _____

_____ I do not want you to speak with anyone else other than my physician's about my health issues.

This release will remain in effect until changed by the patient in writing.

Signature of Patient or Legal Representative **Date Effective**

I have read and understand the above statements.

Signature of Patient or Legal Representative

Date Effective