

metropolis

center for holistic health, llc

1705 S Pearl St Suite 2, Denver, Colorado 80210

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Metropolis, Center for Holistic Health, LLC may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO).

With my consent, Metropolis, Center for Holistic Health, LLC may call my home or other designated 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 call pertaining to my clinical care, including laboratory results among others.

With my consent, Metropolis, Center for Holistic Health, LLC may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

By signing this form, I am consenting to Metropolis, Center for Holistic Health, LLC's use and disclosure of 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 don not sign this consent, Metropolis, Center for Holistic Health, LLC may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Print Name of Patient

Date

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