



Mark T. Kowal, M.D., P.C.
GENERAL SURGERY

Consent for Use and Disclosure of Protected Health Information

By signing below, you consent to the use and disclosure of your protected health information by Mark T. Kowal, M.D., staff, and other business associates for treatment, payment, and healthcare operations. This consent acknowledges that you have received or have been given the opportunity to receive our Notice of Privacy Practices.

You have the right to review the Notice prior to signing this consent. The terms of this Notice may change; in such a situation you may obtain a revised Notice at any time.

Information Release

Do you give permission for Dr. Kowal and staff to speak to anyone on your behalf?

- No; I DO NOT want my information released to anyone.
- Yes; I authorize Dr. Mark Kowal and staff to release my treatment and/or financial information to:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Patient Name or Legal Guardian (Print): _____

Signature: _____ Date: _____

Office Use Only

We have made the following attempt to obtain the patient's signature acknowledging receipt of the Notice of Privacy Practices.

Staff Name: _____ Date: _____



Mark T. Kowal
M.D., P.C.

1919 Lathrop St., Suite 202
Fairbanks, AK 99701
907-451-5507
Fax 907-451-5590

Individual Rights: You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

This notice describes how your medical information is used and disclosed by Dr. Mark Kowal, staff, and other business associates for treatment, payment, and healthcare operations.

Notice of Privacy Practice

Uses and Disclosures

Treatment: Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of lab testing and procedures will be available in your medical records to all healthcare professionals who may provide treatment or who may be consulted by Dr. Mark Kowal.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the service provided, and the medical condition being treated.

Healthcare Operations: Your health information may be used as necessary to support the day-to-day activities and management of Mark T. Kowal, M.D., P.C. For example, information on the services you receive may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other Uses and Disclosures that Requires your Authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. Our policy allows that we may discuss your health and financial information with your spouse or family member, unless specifically requested that this information not be released. If you change your mind after authorizing a use or disclosure of your information you may submit written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notify us of your decision.

Additional Uses of Information: Your health information will be used by our staff to leave messages regarding appointment reminders.

Information about Treatments: Your health information may be used to send you information on the treatment and management of your medical condition. We may also send you information describing other health-related products and services.

Mark T. Kowal, M.D., P.C. Duties: We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this Notice.

Right to Revise Privacy Practices: As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes may be required as a result of change to federal or state laws and regulations. You may obtain a revised copy of this Notice at any time and the revised Notice will be applied to all protected health information that we maintain.

Request to Inspect Protected Health Information: As permitted by federal regulation, we required that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access.

If you would like to submit a comment or complaint, or if you have concerns about our privacy practices, please send a letter to:

Mark T. Kowal, M.D., P.C
1919 Lathrop St., Ste 202
Fairbanks, AK 99701

*Effective Date: October 3, 2011
Revised: January 1, 2017*