



2403 Santa Fe Drive #7
Pueblo, Colorado 81006
Phone: (719) 543-7894

Release of Information and Privacy Practices Acknowledgement

I am granting consent to Dr. David W. Pool to use and disclose as necessary to substantiate claims, any or all parts of my protected health information to any person or corporation which is or may be liable under a contract for all or part of the charges. This may include but not limited to, my insurance company, any third party payer, medical service companies, employer, worker's compensation carrier, or governmental agency. The release of information will be done so in compliance with the state and federal laws. I have the right to request Dr. David W. Pool to restrict how they use and disclose my protected health information for the purpose of treatments and or payments. I have the right to revoke this consent in writing, except to the extent that Dr. David W. Pool has used or disclosed my protected health information in reliance on my consent. Dr. David W. Pool is not required by law to grant my request. However, if Dr. David W. Pool does decide to grant my request, we are bound by our agreement.

I have received the Notice of Privacy Practices and have been provided the opportunity to review it.

I accept all the terms of this agreement. If I request I shall receive a copy of this agreement.

Signature

Witness