

Kevin Kessler, M.D.
Diplomate American Board of
Orthopaedic Surgery
Board Certified
Naveed Shafi, M.D.
Board Certified



Arthroscopic Shoulder,
Knee and Elbow Surgery
Orthopaedic Surgery

CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Use and Disclosure of Your Protected Health Information:

Your protected health information will be used by Kevin J. Kessler MD /or disclosed to others for the purpose of treatment, obtaining payment or supporting the day-to-day health care operations of the practice.

Notice of Malpractice:

Kevin J. Kessler MD does not carry malpractice insurance according to the Florida Financial Responsibility Law Statue #458.320.

Notice of Privacy Practices:

You should review the Notice of Privacy Practices for a more complete description of how your protected health information may be used or disclosed. You may review the notice prior to signing this content.

Requesting a Restriction on the User or Disclosure of Your information:

You may request a restriction on the use or disclosure of your protected health information; Kevin J. Kessler MD may not agree to restrict the use or disclosure of you protected health information.

If Kevin J. Kessler MD agrees to your request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the federal privacy standards.

Revocation of Consent:

You may revoke this consent to the use and disclosure of your protected health information. You may revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

Reservation of Right to Change Privacy Practices:

Kevin J. Kessler MD reserves the right to modify the privacy practices outlined in the notice.

I have reviewed this consent form and give my permission to Kevin J. Kessler MD to use and disclose my health information in accordance with the HIPPA Privacy Act Standard Law.

Name of Patient (Print)

Signature of Patient

Date

Signature of Patient Representative

Relationship of Patient Representative to Patient