

BLOCK, NATION, CHASE & SMOLEN FAMILY MEDICINE

EXHIBIT 5 - PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, Block, Nation, Chase & Smolen Family Medicine may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Block, Nation, Chase, & Smolen Family Medicine's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Block, Nation, Chase & Smolen Family Medicine reserves the right to revise its Notice of Privacy Practices at anytime to meet changing legal requirements. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Block, Nation, Chase & Smolen Family Medicine - Privacy Officer at 2441 West State Rd 426, Suite 2011, Oviedo, Florida 32765.

With my consent, Block, Nation, Chase & Smolen Family Medicine 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, Block, Nation, Chase & Smolen Family Medicine 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 as long as they are marked Personal and Confidential.

With my consent, Block, Nation, Chase & Smolen Family Medicine may e-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. I have the right to request that Block, Nation, Chase & Smolen Family Medicine restrict how it uses or discloses my PHI to carry out TPO.

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Block, Nation, Chase & Smolen Family Medicine'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 do not sign this consent, Block, Nation, Chase & Smolen Family Medicine may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Print Name of Patient or Legal Guardian

Patient's Name

Date

I authorize Block, Nation, Chase & Smolen Family Medicine to discuss any and all of my PHI, including medical, psychiatric, drug or alcohol abuse, HIV testing, ARC or AIDS information with the following individuals:

(Name & relationship)

(Name & relationship)

Signature of Patient or Legal Guardian

Date