



2906 Crossing Court
 Champaign, IL 61822
 (217) 356-6543
 (217) 356-8010 fax

1809 S Neil Street
 Champaign, IL 61820
 (217) 398-9800
 (217) 398-9819 fax

HIPAA RELEASE FORM

**CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT,
 PAYMENT, OR HEALTH CARE OPERATIONS**

I hereby acknowledge receipt of a written notice of my privacy rights and

I consent to METTLER CENTER, LLC using and disclosing my protected health information to carry out treatment, payment, or health care operations.

I understand and have been provided with a Notice of Privacy Practices, which provides a more complete description of how my protected health information may be used or disclosed. I understand that I have the right to review the notice prior to signing this consent.

I understand that METTLER CENTER, LLC reserves the right to change their notice and information practices and that I may obtain a copy of the revised notice by written request address to Jeff Haskett, c/o METTLER CENTER LLC, 2906 Crossing Court, Champaign, Illinois 61822.

I understand that I have the right to restrict how METTLER CENTER, LLC uses or discloses my protected health information to carry out treatment, payment or health care operations; that METTLER CENTER, LLC is not required to agree to the restrictions and; that METTLER CENTER, LLC is bound by restrictions to which it agrees.

I request the following restrictions to how my health information is used or disclosed:

I have the right to revoke this consent by notifying METTLER CENTER, LLC in writing, except to the extent that METTLER CENTER, LLC has taken action in reliance on my consent.

 Signature of patient or patient's representative

 Date

 Printed name of patient or patient's representative

 Relationship to patient or representative's
 authority to act for the patient