

# Michael J. Barnthouse, M.D.

St. Joseph's Medical Center  
1010 Carondelet Drive, Suite 105  
Kansas City, Missouri 64114  
Phone (816) 941-0700  
Fax (816) 941-4189

## CONSENT FOR TREATMENT & RECEIPT OF PRIVACY PRACTICES

I, \_\_\_\_\_, born on \_\_\_\_\_, consent to treatment, and authorize Michael J. Barnthouse, M.D., P.C. (the Clinic) to use and disclose my Protected Health Information for treatment, payment and health care operations. I understand that if I refuse to sign this consent form, the Clinic may refuse to treat me. My consent specifically authorizes the use and disclosure of information relating to:

1. Alcohol and drug abuse treatment.
2. Records pertaining to HIV status or AIDS.
3. Mental Health; and
4. Genetic information

I understand that for a more complete description of the Clinic's uses and disclosures of my health information, I have been given the opportunity to review the "Notice of Privacy Practices" (Notice). I may review the Notice prior to signing this consent form. The Notice may be revised in the future; to obtain a revised Notice I must contact the Medical Records Clerk. I have the right to request a restriction on how my health information is used or disclosed for health care operations; however, the Clinic is not required to agree to any restriction. If the Clinic agrees to the restriction, it is binding on the Clinic except in an emergency situation or if disclosure is required by law.

I understand this consent may be revoked in writing at any time except to the extent already acted upon.

A photocopy of this consent shall be considered as effective and valid as the original.

YES NO I have received a copy of the "Privacy Policy"

YES NO I have reviewed a copy of the "Privacy Policy"

**Signature of Patient or Authorized Representative. If Authorized Representative, also include relationship to patient:**

---

Signature	Date	Relationship
-----------	------	--------------

Witness: \_\_\_\_\_

The information disclosed to you may be from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules and state law prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is ~ sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.