

Consent for Participation in LHP/Valence Data-Gathering Project

The physicians at Denver Allergy and Asthma Associates, P.C. (DAA), participate with Lutheran Health Partners (LHP) and Valence Health (VH) in an initiative to gather information from patients' medical charts on select disease states. The primary goal of the initiative is to provide participating physicians with new information on treatment of their patients. We believe that this is an important initiative, but also believe our patients should be informed and have the right to participate in or opt out of the initiative.

Once a month DAA will electronically upload to VH the medical charts of patients being seen for the diseases specified by the LHP initiative. By electing to participate in this initiative, you are granting consent to DAA to make your protected health information available to this initiative for the purposes stated above. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by: accessing our web site at www.denverallergy.com or by contacting our main office at 303-234-1067 and requesting a copy be sent to you. You have a right to request that we restrict how we use and disclose your protected health information for the purposes of treatment, payment or health care operations. We are not required by law to grant your request. However, your request to be part of or opt out of this initiative will be honored in full.

Please indicate your desire to participate in or opt out of the initiative described above by checking the appropriate box, below.

Yes I agree to have PHI (medical records) made available to the LHP/Valence Health initiative.

No I do not agree to have PHI (medical records) made available to the LHP/Valence Health initiative.

I have the right to revoke this Consent or Authorization in writing, except to the extent that Denver Allergy and Asthma Associates, P.C. already has used or disclosed my protected health information in reliance on my consent.

I understand that I may revoke these authorizations at any time by notifying the releasing organization in writing, but my revocation will not affect any releases made or other actions taken before the date of my revocation.

Patient Name printed

Initials: _____

Patient Name signature