



**PERMISSION FOR CONTACT**

The Practice seeks your permission to allow your patient data to be used by LASOR, LLC, a Florida limited liability company (“LASOR”). \* **Please read this notice carefully and make a choice below.**

**What is LASOR?** LASOR is an organization that collects and reviews patient data in order to identify patients that may be at high risk of experiencing undesirable illnesses.

**How Does the Collaboration Work?** Your provider at the Practice records your medical information. With your permission, the Practice will securely and electronically share this medical information with LASOR via the use of data without patient names attached (i.e., NO personal confidential level data is seen by LASOR’s employees or agents). LASOR will review the data and send a report back to the Practice. Your provider at the Practice will use the report to identify whether you are at high risk of experiencing undesirable patient outcomes such as unplanned hospital admissions and identification of whether you might benefit from certain preventive treatments or support.

All data is processed in a secure and confidential manner and in accordance with all legal obligations. To learn more about the Privacy & Security of your information, see attached Florida Digestive Health Specialists Notice of Privacy Practices.

With your written permission, any Practice provider involved in your care can share medical information about you with LASOR for purposes outlined above. The types of information Practice will send to LASOR include:

- information such as your date of birth, gender, address (called demographic information)
- the appointments you have had
- your medical problems and the medications you take
- surgeries and procedures, you have had, including the results of those surgeries and procedures
- the results of laboratory tests, such as blood work

**It’s Your Choice,** you decide who can see your medical information.

If you choose YES below, you are giving permission to the Practice to share information about you with LASOR. This information may be used by the Practice to care for you and to improve the quality of your care. You also authorize LASOR to share health information with other persons and companies that perform services on behalf of LASOR. **Your medical information may be used to determine your eligibility for clinical trial opportunities. If you are eligible for clinical trial opportunities, you may be contacted by the Florida Research Institute Team that is affiliated with your Practice. The use of your data to determine patient clinical trial eligibility and in research may monetarily benefit LASOR.**

**YES, I Give Permission to be Contacted**

**NO, I Do Not Give Permission to be Contacted**

If you make no choice, the Practice will not share your information with LASOR or others, and your information will remain confidential.

**OPT OUT:** If after you provide permission above, you decide that you do not want the Practice to share any of your medical information from the Practice with LASOR, you can tell us not to. This is called “opt-out.” If you want to opt-out, you can email [complianceofficer@fdhs.com](mailto:complianceofficer@fdhs.com).

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**PATIENT NAME/ SIGNATURE AND DATE**