



**PRIVACY PRACTICES AND CONSENT FOR USE AND DISCLOSURE
OF HEALTH INFORMATION**

PATIENT GIVING CONSENT AND PERSONAL REPRESENTATIVE ON BEHALF OF PATIENT

Name: _____

Address: _____

Phone (home): _____ (work): _____

Purpose of Consent: By signing this form, you have **received a copy of the Privacy Practice** and you **give your consent** to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practice: Our notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosure we may make of your protected health information, and of other important matters about your protected health information. We reserve the right to change our privacy practices as described in our Notice of Privacy Practice. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will the changes. Those changes may apply to any of your protected health information that we maintain.

You May Disclose Information To:

- Self (same Address as above)
- _____ Relation _____
- _____ Relation _____
- _____ Relation _____

Delivery Method Available:

- Pick-Up Mail e-mail

(Note: If you would like us to send information over email, this increases the risk that the information could be read by an unauthorized third party. As an office policy we do not send health information via e-mail or fax.)

Signature: I have had full opportunity to read and consider the contents of this Consent form and have received a copy of your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and healthcare operations.

Print Name

Signature

Date

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to our office. Please understand that revocation of this consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or your child(ren), or to continue treating you if you revoke this Consent.