

PRIVACY NOTICE CONSENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice
- The Practice reserves the right to change the Notice of Privacy Policies
- The patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease
- The Practice may condition treatment upon the execution of this Consent.
- The Practice Utilizes a number of methods to contact or communicate with our patients. We use the telephone, posted mail, e-mail, facsimile transmission (fax), TTY relay operators and translators. If you do not want the Practice to communicate with you by any of the methods listed above, you must so state.
 - Any of the above communication methods are acceptable
 - Please do not use the following methods to contact me:

This Consent was signed by: _____
Sign and print name

Relationship to Patient (if other than patient): _____

Date: ___ / ___ / ___

In front of _____
Sign and print name