

PATIENT CONSENT FORM

Patient Consent for use and or disclosure of protected health information to carry out treatment, payment, and healthcare operations.

Name

I hereby state that by the signing this Consent, I acknowledge and agree as follows.*

- 1) The Practice’s Privacy Notice has been provided to me prior to my signing the Consent. The Privacy Notice includes a complete description of the uses and/or disclosures of my protected health information (“PHI”) necessary for the Practice to the treatment to me, and also necessary to the Practice to obtain payment for that treatment and to carry out its health care operations. The Practice explains to me that the Privacy Notice will be available to me in the future at my request. The Practice has further explained my right to obtain a copy of the Privacy Notice prior to signing this Consent, and has encouraged me to read the Privacy Notice carefully prior to my signing this Consent.
- 2) The Practice reserves the right to change its privacy practices that are described in its Privacy Notice, in accordance with the applicable law.
- 3) I understand that, and consent to, the following appointment reminder will be used by the Practice:
 - a) a postcard mailed to me at the address provided by me: b) texting and c) telephoning my home and or cell phone, leaving a message, with the individual answering the phone.
- 4) The Practice may use and/or disclose my PHI (which includes information about my health or condition and the treatment provided to me) in order for the Practice to treat me and obtain payment for that treatment, and as necessary for the Practice to conduct its specific healthcare operations.
- 5) I understand that I have a right to request that the Practice restrict how my PHI is used and/or disclosed to carry out treatment, payment and/or healthcare operations. However, the Practice is not required to agree to any restrictions that I have requested. However, if the Practice agrees to a requested restriction, then the restriction is binding on the Practice.
- 6) I understand that this consent is valid until authorization is revoked or when minor becomes of legal age. I further understand that I have the right to revoke this Consent, in writing, at any time for all future transactions, with the understanding that any such revocation will not apply to the extent that the Practice has already taken action in reliance on this consent.
- 7) I understand that if I revoke this Consent at any time, the Practice has the right to refuse to treat me.
- 8) I understand that if I do not sign this Consent evidencing my consent to the uses and disclosure described to me above the contained in the Privacy Notice, then the Practice will not treat me.
- 9) I have read and understand the foregoing notice, and all of my questions have been answered to my full satisfaction in a way that I can understand.

Signature

Date