



## Consent for Use /Disclosure of Health Information

Your personal information is only used to transact the business you have with us. None of your personal or medical information will be used for marketing without your written consent.

By signing this form, you grant us consent to use and disclose your protected health care information for the purposes of treatment, activities associated with payment and health care operations. Our Notice of Privacy Practices provides more details on our treatment, payment activities and health care operations. If there is not a copy of the Notice accompanying this Consent form, please ask for one. We encourage you to read it since it provides details on how information about you may be used and /or disclosed and describes certain rights you have regarding your health care information.

We reserve the right to change our privacy practices. If we should do so, we will issue a revised Notice. Since revisions may apply to your health care information, you have a right to receive a copy.

You have the right to revoke your Consent by giving written notice to our office. You should also understand that if you refuse this Consent we may decline to treat you.

You are entitled to a copy of this Consent Form after you have signed it.

I have read the contents of this Consent Form and the Notice of Privacy Policies. I understand that I am giving you my consent to use and disclose my health care information to carry out treatment, payment activities and health care operations.

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Printed Name of Patient

Date of Birth

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Patient's Signature or Signature of Patient's Representative

Date

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Printed Name of Patient's Representative

Relationship to Patient

### **HIPPA Consent for Use/Disclosure of Health Information**

*This form does not constitute legal advice and covers only federal, not state, laws.*