

Use and Disclosure of Health Information Consent Form

Patient Name

Responsible Party

Relation to Patient

Please read the following statements carefully.

By signing this form, you consent to the use and disclosure of your protected health information, including x-rays, photographs, and videos, to carry out treatment, payment activities, clinical review and training, and healthcare operations by our office.

Notice of privacy practices: You have the right to read our Notice of Privacy Practices before signing this Consent. Our Notice provides a description of our treatment, payment practices, clinical review and training, healthcare operations, of the uses and disclosures we may make of your protected healthcare operations, and of other important matters about your protected health information. A copy of this notice is available upon request. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of this Consent or Notice of Privacy Practices at any time by contacting our office.

Right to revoke: You will have the right to revoke this Consent at any time by providing written notice of your revocation of this Consent. Your revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation. We reserve the right to decline to treat you or continue treating you if you revoke this Consent.

By signing this consent form, I have had full opportunity to read and consider the contents of this Consent form and 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, clinical review and training, and healthcare operations

Signature

Date