



Consent
Notice of Privacy Practices

Notice of Privacy Practices: You have the right to read our notice of Privacy Practices before you decide whether to sign this consent. Our Notice provides a description of our treatment, payment activities, healthcare operations, and the uses and disclosures we may make of your protected health information and other important matters regarding your insurance and other protected information.

We reserve the right to change our policies as described in our Notice of Privacy Practices. If we change our privacy notice, we will issue a revised edition.

Patient's Signature: _____

Effective Date: _____

Parent's or Guardian Signature: _____

Relationship: _____

Acknowledgement of Receipt of Notice of Privacy Practices

Purpose of authorization and consent: By signing this form, you will authorize and consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

I, _____ have read and understood this office's Notice of Privacy Practices.

Signature

Date