

PRIVACY CONSENTS

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your protected health information (i.e. individually identifiable information such as names, dates, phone/fax numbers, e-mail addresses, home addresses, social security numbers, and demographic data) may be used in connection with your treatment, payment of your account or health care operations (i.e. performance reviews, certifications, accreditation and licensure).

You have the right to review our office's privacy notice prior to signing this Consent, a copy of which was given to you with this Consent.

We may amend the attached privacy notice at any time. If we do, we will provide you with a copy of the changes, and the changes may not be implemented prior to the effective date of revised notice.

Thank you for your cooperation. Please let us know if you have any questions.

Print Patient's Name

Patient or Guardian's Signature

Relationship to Patient

Date