

# Use and disclosure of health information consent form

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Guest Name

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Responsible Party if Different

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Relationship to Guest

Please read the following statement carefully.

By signing this form, you will consent to our 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.

**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 practices, clinical review and training, and 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 our Notice at any time by contacting our office.

**Right to revoke:** You will have the right to revoke this Consent at any time by giving us 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 may decline to treat you or continue treating you if you revoke this Consent.

## Consent

By signing this consent form, you 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.

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Signature

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Date