

## **ACKNOWLEDGEMENT FORM**

Our notice of Privacy Practices provides information about how we may use and release protected health information about you. **You have the right to review our Notice before signing this form.** As provided in our Notice, you may obtain a revised copy by writing our practice or requesting a copy from our front desk staff. There is also a framed printed copy on the table in the waiting area.

You have the right to request that we restrict how protected health information about you is used or released for treatment, payment, or health care operations. We are bound by this agreement.

By signing this form, you consent to our use and release of protected health information about you for treatment, payment, and health care operations as described in our Notice. You have the right to revoke this consent, in writing, except where we have already made releases in reliance on your prior consent.

Patient name:

Print \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_