CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Address: Telephone: E mail: Social Security #: SECTION B: TO THE PATIENT — PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY Purpose of Consent: By signing this form, you will consont to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations. Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide wheth to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important meters about your protected health information in Consent. We encourage you 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. Thore changes may apply to any of your protected health information hat we maintain. You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting the changes. Telephone: Fex: E-mail: Address: Address: Address: Address: Address: Address: Address: Address: Are Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your evocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not reat you or to continue troating you if you revoke this Consent before we received your revocation, and that we may decline the eat you or to continue troating you if you revoke this Consent. I am giving my consent form and your Notice of Privacy Practices. I understand that, by signing this Consent run. I am giving my consent to your use and disclosure of my protected health information to carry out treatment asyment activities and health care operations. Date: Date:		
Section B: To THE PATIENT — PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health infimation to carry out treatment, payment activities, and healthcare operations. Notice of Privacy Practices: You have the right to read our Notice of Privacy Practicus before you decide wheir to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important meters about your protected health information ↑ copy of our Notice accompanies this Consent. We encourage you 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 of Privacy Practices, including any revisions of our Notice, at any time by contacting the Privacy Practices of this Consent of this Consent to continue treating you if you revoke this Consent before we received your revocation, and that we may decline the Privacy Practices of the Privacy Practices. I understand that, by signing this Consent privacy practices and health care operations. Better Privacy Practices of the Privacy Practices of the Privacy Practices of the Privacy Practices of the	Address:	
SECTION 8: TO THE PATIENT — PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health inf mation to carry out treatment, payment activities, and healthcare operations. Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide wheth to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important meters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you 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 changour 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 of Privacy Practices, including any revisions of our Notice, at any time by contacting Contact Person: Telephone: Fax: E-mail. Address: Kight to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of you evocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not iffect any action we took in reliance on this Consent before we received your revocation, and that we may decline the reat you or to continue treating you if you revoke this Consent. BIGNATURE Date: Date: Date: Date: Date: Date:	Telephone:	E mail:
Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health infimation to carry out treatment, payment activities, and healthcare operations. Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide wheth to sign this Consent. Our Notice provides a description of our treatment, payment activities, and nealthcare operations, of the uses and disclosures we may make of your protected health information, and of other important maters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you 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 changour 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 of Privacy Practices, including any revisions of our Notice, at any time by contacting Contact Person: Telephone: Fax: E-mail. Address: Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of you evocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not evoke this Consent we received your revocation, and that we may decline the reat you or to continue treating you if you revoke this Consent. BIGNATURE In an giving my consent to your use and disclosure of my protected health information to carry out treatment ayment activities and health care operations. Dete: Dete:	Patient #:	Social Security #:
Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide wheth to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare opiations, of the uses and disclosures we may make of your protected health information, and of other important meters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you 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 of Privacy Practices, including any revisions of our Notice, at any time by contacting Contact Person: Telephone: Fax: E-mail. Address: Kight to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your evocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not ffect any action we took in reliance on this Consent before we received your revocation, and that we may decline the reat you or to continue treating you if you revoke this Consent. In this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent may apply to any disconsent to your use and disclosure of my protected health information to carry out treatment asyment activities and health care operations.	SECTION B: TO THE PATIEN	IT — PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY
to sign this Consent, Our Notice provides a description of our treatment, paymont activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important meters about your protected health information A copy of our Notice accompanies this Consent. We encourage you 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 of Privacy Practices, including any revisions of our Notice, at any time by contacting Contact Person: Telephone: Fex: E-mail: Address: Lemail: Address: Lema	Purpose of Consent: By signification to carry out treatment, p	ng this form, you will consent to our use and disclosure of your protected health info payment activities, and healthcare operations.
changes may apply to any of your protected health information that we maintain. four may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting Contact Person: Telephone: E-mail. Address: Kight to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your evocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not eat you or to continue treating you if you revoke this Consent. Fight to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your evocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not eat you or to continue treating you if you revoke this Consent. Fight to Revoke: You will have the right to revoke this Consent. Fight to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your evocation are the revocation of this Consent will not revoke this Consent. Fight to Revoke: You will have the right to revoke this Consent to continue treating you if you revoke this Consent. Fight to Revoke: You will have the right to revoke this Consent to continue treating you if you revoke this Consent. Fight to Revoke: You will have the right to revoke this Consent to continue treating you if you revoke this Consent. Fight to Revoke: You will have the right to revoke this Consent to continue treating you if you revoke this Consent to continue treating you if you revoke this Consent. Fight to Revoke: You will have the right to revoke this Consent to revoke this Consent to continue treating you if you revoke this Consent to continue treating you if you revoke this Consent to continue treating you if you revoke this Consent to your and your Notice of Privacy Practices. I understand that, by signing this Consent to your washing to the privacy to your your your your your your your you	to sign this Consent, Our Notic ations, of the uses and disclosu ters about your protected health	te provides a description of our treatment, payment activities, and healthcare ope ares we may make of your protected health information, and of other important man a information. A copy of our Notice accompanies this Consent. We encourage you
Telephone:	our privacy practices, we will is	SSUG & revised Notice of Privacy Practices, which will contain the changes. The
E-mail. Address: Address	ou may obtain a copy of our Noti	ce of Privacy Practices, including any revisions of our Notice, at any time by contacting
E-mail	Contact Person:	
Address:	Telephone:	Fax:
evocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not feet any action we took in reliance on this Consent before we received your revocation, and that we may decline the eat you or to continue treating you if you revoke this Consent. **IGNATURE**	E-mail.	
evocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not feet any action we took in reliance on this Consent before we received your revocation, and that we may decline the eat you or to continue treating you if you revoke this Consent. **IGNATURE**	Address:	
	Right to Revoke: You will have evocation submitted to the Confect any action we took in relian	e the right to revoke this Consent at any time by giving us written notice of you tact Person listed above. Please understand that revocation of this Consent will no
ontents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent irm. I am giving my consent to your use and disclosure of my protected health information to carry out treatment ayment activities and health care operations. Date:		
	IGNATURE	
	ontents of this Consent form a rm. I am giving my consent to	your use and disclosure of my protected health information to carry out treatment
	ontents of this Consent form a rm. I am giving my consent to ayment activities and health car	nd your Notice of Privacy Practices. I understand that, by signing this Consent your use and disclosure of my protected health information to carry out treatment, e operations.