

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in or notice, the terms of our notice may change.

You have the right to request that we restrict how protected health information about you is used and disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

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

PATIENT NAME	
PATIENT SIGNATURE	DATE
NAME OF WITNESS	
SIGNATURE OF WITNESS	DATE