

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____ have received or was given an opportunity to review a copy of this office's Notice of Privacy Practices.

Name (print)

Signature

Date

For Office Use Only

Written acknowledgement of receipt of our Notice of Privacy Practices was attempted but not obtained because:
 Individual refused to sign Communication barriers An emergency situation Other

Consent for Use and Disclosure of Personal Health Information

This form authorizes us to use disclose your Protected Health Information (PHI) for the purposes of healthcare operations, treatment and payment activities.

Before signing, please read our Notice of Privacy Practices to gain a clear understanding of how we may use and disclose your Protected Health Information.

For questions concerning our Notice of Privacy Policies or to obtain a copy of it please contact: Susan, Compliance Officer / Patient Coordinator at (270) 926-3199.

I, _____ have had full opportunity to read and consider this form. I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities, appointment information, and health care operations.

If this consent is signed by a personal representative on behalf of the patient please complete the following:

Personal Representative's Name

Relationship to Patient