

Notice of Privacy Policies

First Name:

Last Name:

Date:
I have had full opportunity to read and consider the contents of the Notice of Privacy Practices. I understand that
am giving my permission to your use and disclosure of my protected health information in order to carry out

Birthdate:

I have had full opportunity to read and consider the contents of the Notice of Privacy Practices. I understand that am giving my permission to your use and disclosure of my protected health information in order to carry out treatment, payment activities, and healthcare operations. I also understand that I have the right to revoke permission.