



### Consent Agreement

Though it is not necessary to have your consent to allow us to use or disclose your individually identifiable health information (IIHI) to others who will treat you or support in providing you quality health care services, it is important to have your consent to use or disclose your IIHI to health care plans to insure accurate and timely payments for the services rendered. The law requires that we inform you of our policy regarding the protection of your IIHI through our Privacy Notice.

Thank you for your confidence in our practice and for supporting our requirements.

I, \_\_\_\_\_, have been presented with a Privacy Notice explaining my right regarding my individually identifiable health information (IIHI). I consent to the disclosure of my IIHI for purposes of treatment, payment, release of X-ray or other health care operations to those individuals that I have listed below:

- Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Patient's Name (if under 18) \_\_\_\_\_ Relationship \_\_\_\_\_

### Acknowledgement of Receipt of Privacy and Practices \*\*You may refuse to sign this acknowledgement\*\*

I, \_\_\_\_\_, have received a copy of this office's privacy notice and practices.

Patient or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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#### THIS SECTION FOR OFFICE USE ONLY

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We attempted to obtain written acknowledgement of receipt of our privacy notices and practices.

- Obtained signature and acknowledgement of "acceptable individuals to release IIHI to" form.
- Individual refused to sign.
- Emergency situation prevented the patient from receiving information during initial visit.
- Communication barrier prohibited release of IIHI and acknowledgement of agreement.