

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Section A: Patient Giving Consent

Name: _____ DOB _____

Address: _____

Telephone: _____ Email: _____

SECTION B: PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected 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 whether to sign this consent. Our Notice provides a description of our treatment, payment activities and healthcare operations of the use and disclosure we may make of your protected health information, and of other important matters about your health information.

We reserve the right to change our Privacy Policies as described on the Notice of Privacy. If we change our privacy we will notify you upon your next visit. You may obtain a copy of our Notice of Privacy at any time by contacting the office at 281-277-9200.

Right to Revoke

You have the Right to revoke this consent at any time. Please understand that revocation of this consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

I _____, have had full opportunity to read and consider the contents of this consent form and your Notice of Privacy Practices. I understand that, by signing this consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care options.

Signature: _____ Date: _____

Revocation of Consent

I revoke my consent for your use and disclosure of my protected health information for treatment, payment activities and health care options. I understand that my revocation of my consent will not affect any actions you took in reliance on my consent before you received this written Notice of Revocation. I also understand that you may decline to treat or to continue to treat me after I have revoked my consent.

Client Signature: _____ Date: _____