



# **CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION**

## **SECTION A: PATIENT GIVING CONSENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## **SECTION B: TO THE PATIENT—PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

**Purpose of Consent:** By signing this form, you will consent to our Use and Disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

**Notice of Privacy Practices:** You have the right to read our Notice of Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of our important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this consent.

You may obtain a copy of our Notice of Privacy Practices, at any time by contacting

Contact Person: Nicole DiModica

Telephone: 781-396-4131

Fax: 781-396-2064

E-mail: ndimodica@verizon.net

Address: 92 High Street Medford Ma 02155

**Right to Revoke:** You will have the right to revoke this consent at any time by giving us a written notice of your revocation submitted to the Contact Person listed above. Please understand the revocation of this consent will *not* affect action we took in reliance on this consent before we receive your revocation, and that we may decline to treat you or continue treating you if you revoke this consent.

### **SIGNATURE**

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 operations.