

**ACKNOWLEDGEMENT OF PRIVACY PRACTICES AND CONSENT FOR USE AND
DISCLOSURE OF HEALTH INFORMATION**

Private Practices: I (the patient) have the right to read the Privacy Practices. A copy of the Notice and/or this consent is available upon request and anytime on our website. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The Statement of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the facility.

The office of Donald M. Jayne reserves the right to change the privacy practices currently described in the Statement of Privacy Practices. If privacy practices changes, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Statement of Privacy Practices by requesting that one be mailed or otherwise transmitted to me.

Purpose of Consent: I (the patient) understand and consent to the use and disclosure of my protected health information to carry out treatment, payment activities, and healthcare operations.

Signature (patient or personal representative): _____ **Date:** _____

Personal protected information cannot be shared with anyone without your express permission. Please note below who you are permitting this practice to share your your personal protected information with:

First Name _____ Last Name _____

Relationship (please circle): Parent / Spouse / Child / Other _____

Patient's *Personal Representative* (parent of minor or legal guardian):

First Name _____ Last Name _____

Phone Number _____ Email Address _____