

Individual Consent

CONSENT TO USE OR DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.

Patient Name

In providing you service to you, we create and store health information that identifies you. We understand that this information about you and your health is personal, and we are committed to protecting the privacy of this information. We must obtain your *one time* consent before we treat you, obtain payment for our services, and conduct health care operations of the practice. Please carefully read the information below before signing this form.

Notice of Privacy Practices. We have a comprehensive Notice of Privacy Practices that describes these uses and disclosures in detail, and we encourage you to read it. We want you to know, however that the Notice of Privacy Practices is subject to change. If it is changed, you may obtain a copy of the revised notice by calling our office, or asking for it on your next visit.

Revoking Consent. You have the right to revoke this consent at any time, except to the extent that the center has already taken action based on your consent. For example, if you revoke your consent after the office has already provided you with treatment, the office will be permitted to use or disclose your protected health information to bill for that treatment.

Scope of Consent. *By signing this consent form, I hereby authorize Madison Occupational therapy and its providers to use and disclose my personal health information, as necessary for the purposes of obtaining medical treatment, facilitating the payment for such treatment and for normal business operations.*

X. _____

Signature of Patient or Personal Representative

Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By initialing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefor been advised of how certain health information about me maybe used and disclosed by Madison Occupational Therapy and how they may obtain access to and control information.

X. _____ (Initials) I received/was offered a copy of the "Notification of Privacy Practices".