

ACKNOWLEDGMENT FORM

*Effective as of April 14, 2003
Revised as of August 10, 2005*

Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plan for future care or treatment. I understand that this information may be disclosed for treatment, payment or healthcare operations.

Acknowledgment of Receipt of Notice of Privacy Practices

I have been provided with a Notice of Privacy Practices that gives a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this acknowledgment. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the organization is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

To be completed if a Student Athlete:

Consent to Release Information to Coach or Athletic Trainer

I understand that healthcare information may be disclosed to the school coach or athletic trainer in order to provide my child with the best comprehensive care. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

Name of School Attending Parent or Legal Guardian's Signature Date
(Students 18 years of age or older may sign consent)

I request the following restrictions to the use or disclosure of my health information (Optional):

Patient's Name

Signature of Patient or Legal Representative

Date

For Office Use Only

Chart No.	Account No.	Accepted <input type="checkbox"/> Denied <input type="checkbox"/>
Signature	Title	Date