

PERSONALIZED WOMEN'S HEALTHCARE, P.A.

Consent to Use and Disclose Protected Health Information

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Your protected health information will be used by **Personalized Women's Healthcare, P.A.** or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

THE NOTICE OF PRIVACY PRACTICES

Personalized Women's Healthcare, P.A. is required to provide to you a notice that describes how information about you may be used and disclosed. Additionally, we must provide you information on how you may get access to this information. These policies and practices are defined in the "Notice of Privacy Policies and Practices" brochure provided to you. **PLEASE REVIEW IT CAREFULLY.**

YOU MAY PLACE RESTRICTIONS ON THE USE OR DISCLOSURE OF YOUR HEALTH INFORMATION

You may request a restriction on the use or disclosure of your protected health information. However, **Personalized Women's Healthcare, P.A.** may or may not agree to your request to restrict the use or disclosure of your protected health information. You may be asked to complete an authorization to activate this request. Please consult with a practice representative or **Office Manager** if you would like additional information or clarification.

It is a violation of the federal privacy standards if **Personalized Women's Healthcare, P.A.** agrees and fails to comply with your request. The restrictions requested will not affect use and disclosure of your information before the date of your request. If you still have questions after reviewing the Notice of Privacy Brochure, please consult with a practice representative or **Office Manager** at the location and contact information listed on the back of the brochure.

YOU MAY REVOKE THIS CONSENT AT ANY TIME

You may revoke this consent at any time; however, **Personalized Women's Healthcare, P.A.** requires that you must revoke this consent in writing. If you choose to revoke this consent, the revocation will not affect use and disclosure of your information before the date of your request.

CHANGES TO PRIVACY PRACTICES

Personalized Women's Healthcare, P.A. reserves the right to change or modify the privacy practices outlined in the Notice of Privacy Brochure. **Personalized Women's Healthcare, P.A.** will notify you or any changes of privacy practices either by mail, at your next appointment, or any other pre-approved method that you request.

SIGNATURE

I have reviewed this consent form, received the brochure entitled "Notice of Privacy Policies and Practices" and give my permission to **Personalized Women's Healthcare, P.A.** to use and disclose my health information in accordance with this consent and the notice provided.

Name of Patient (Print or Type)

Signature of Patient / Date

Patient Representative (Print or Type)

Signature of Representative / Date

Relationship of Patient Representative to Patient