

PARAMUS SURGICAL CENTER

CONSENT FOR RELEASE OF PROTECTED HEALTH INFORMATION

I, _____, consent to the release of protected health information that is required to carry out treatment, payment of healthcare operations on my behalf.

I have read and acknowledge receipt of the **Notice of Privacy Practices** and am aware of the following:

- I have the right to place restrictions on the way my protected health information is used or disclosed.
- I understand that *Paramus Surgical Center* is not required to agree with my requested restrictions. I also understand that once *Paramus Surgical Center* agrees to my restrictions, it must comply with those restrictions.
- I have a right to revoke my consent for the use and disclosure of my protected health information at any time. I understand that, if I choose to revoke my consent, I must submit a written statement that is signed by me.
- I understand that *Paramus Surgical Center* must immediately comply with my request to revoke consent, except to the extent that it has already taken action that was based on my original consent.
- Paramus Surgical Center* has reserved the right to change from time to time our privacy practices that are described in the **Notice of Privacy Practices**. Whenever we change our practices, we will modify the **Notice** accordingly; and we will inform you orally of the revision as we hand you a copy of the revision.

Individual:

Witness:

Printed Name

Printed Name

Signature

Signature

Date

Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please Print Name

Signature

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- _____ Individual refused to sign
- _____ Communications barriers prohibited obtaining the acknowledgement.
- _____ An emergency situation prevented us from obtaining acknowledgement
- _____ Other (Please Specify)
