



Consent to Use and Disclose Protected Health Information

Use and Disclosure of Your Protected Health Information

Your protected health information will be used by **Randy Long MD**, or disclosed to others for the purpose of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

Notice of Privacy Practices

You should review the Notice of Privacy Practices for a more complete description of how your protected health information may be used or disclosed. You will be asked to review the notice prior to signing this consent.

Requesting a Restriction on the Use or Disclosure of Your Information

You may request a restriction on the use or disclosure of your protected health information.

Randy Long MD may or may not agree to restrict the use or disclosure of your protected health information.

If **Randy Long MD** agrees to your request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the federal privacy standards.

Revocation of Consent

You may revoke this consent to the use and disclosure of your protected health information. Such a revocation of consent must be in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

Reservation of Right to Change Privacy Practices

Randy Long MD reserves the right to modify the privacy practices outlined in the notice.

Signature Page

I have read the Notice of Privacy Practices and I have reviewed this consent form. I give my permission to **Randy Long MD** to use and disclose my health information in accordance with the Privacy Policies and this consent form. This consent is valid until revoked or otherwise amended in writing by both parties.

Name of Patient (Printed)

Signature of Patient

Name of Patient Representative

Signature of Patient Representative

Date

Persons authorized to pick up prescriptions and medication samples, medical forms, or work/school notes, inquire about appointments, labs/x-rays, or about my statement and/or insurance filing questions

List name & relationship

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