

Crawford & Fitch – Ear, Nose and Throat

ACKNOWLEDGMENT OF RECEIPT OF NOTICE AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

READ BEFORE SIGNING THE ACKNOWLEDGMENT CONSENT

This acknowledgment of notice and consent authorizes Crawford and Fitch - Ear, Nose, and Throat to use and disclose health information about you for treatment, payment, and health care operations purposes.

Notice of Privacy Practices. Crawford and Fitch has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information. You may review our current notice prior to signing this acknowledgment and consent.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request or our Privacy Officer.

How to contact our Privacy Officer: Alice Frantz

Mail: Address to Crawford and Fitch, Attention Alice Frantz, 1029 Liberty Street, Franklin, PA 16323

Telephone: (814) 437-7266

Facsimile (814)437-1147

Acknowledgment and Consent

I have received the Notice of Privacy Practices for Crawford and Fitch - Ear, Nose, and Throat. Crawford and Fitch - Ear, Nose, and Throat is authorized to use and disclose health information about:

(patient name) for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

Signature of patient (or patients personal representative)
Personal representative information (if applicable):

Date

Name of personal representative

Relationship to patient
(Or other authority)