

DAVID B. ETHIER, MD, P.A.

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PATIENT CONSENT FORM (45 CFR 164.506)

Our Notice of Privacy Practices provides detailed information about how we may use and disclose your PHI. You have a legal right to review our Notice of Privacy Practices about disclosures of your PHI before you sign this consent and we encourage you to read it fully. By signing this form you are acknowledging that you have read our Notice of Privacy Practices.

We reserve the right to change the terms of our Privacy Notice and to make the new notice provisions effective for all PHI that we maintain. If we change our notice, you may obtain a copy of the revised notice by notifying our privacy official.

You have the right to request us to restrict how we use/disclose your PHI for the purposes of treatment, payment, and/or healthcare operations. All requests must be made in writing, space is provided below. We are *not* required to grant your request. However, if we decide to grant your request we are bound by our agreement.

You have the right to revoke this consent in writing, except to the extent we have already used or disclosed your PHI in reliance on your consent.

Specific restrictions or instructions:

I have read the Notice of Privacy Practices and grant consent for use and disclosure of my protected health information as specified in the Notice with the exception of the above restrictions.

Signature: _____ Printed Name: _____ Date: _____

Relationship, If Minor Patient: _____