



## CONSENT TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

### Use and Disclosure of Your Protected Health Information

Your protected health information will be used by Stonebrooke Family Physicians or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operation of the practice.

### Notice of Privacy Practices

Stonebrooke Family Physicians 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 Practices for Protected Health Information" brochure provided to you. PLEASE REVIEW IT CAREFULLY.

### Reservation of Right to Change Privacy Practices

Stonebrooke Family Physicians reserves the right to modify the privacy practices outlined in the notice. I understand that Stonebrooke Family Physicians will notify me of these changes upon my next appointment.

### 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. This request must in writing. Stonebrooke Family Physicians may or may not agree to restrict the use or disclosure of your protected health information.

### Revocation of Consent

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

Patients Name (print)

Signature of Patient :

Date

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