



## CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

**Purpose of Consent:** By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and other healthcare operations.

**Notice of Privacy Practices:** You have the right to read our Notice of Privacy Practices before you decide whether to sign the Consent. Our notice provides a description of uses and disclosures we may make of your protected health information, and other matters about your protected health information. A copy of our Notice accompanies this consent. A copy is also available to you, at your request, at any time. We encourage you to read it carefully and completely before signing this consent.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, by contacting:

Mary Frances Knapp, D.M.D.  
602-1 College Ave,  
Clemson, SC 29631  
(864) 654-6813

**Right to Revoke:** You have the right to revoke this Consent at any time by giving us written notice of your revocation, submitted to the Contact Person listed above. This revocation of Consent will not affect any action we took in reliance on this Consent before we received your revocation. We may decline to treat you, or to continue treating you, if you revoke this Consent.

*I acknowledge that a copy of this office's Notice of Privacy Practices has been made available to me. I have had full opportunity to read and consider the contents of this Consent Form and Notice of Privacy Practices. I understand that by signing this form, I am giving my consent to your use and disclosure of my health information to carry out treatment, payment, and/or healthcare operations.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

If this consent is signed by a personal representative on behalf of patient,

\_\_\_\_\_  
*Personal Representative's Name*

\_\_\_\_\_  
*Relationship to Patient*

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
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)