

**CONSENT FOR USE/DISCLOSURE OF HEALTH INFORMATION AND
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Notice to patient:

By signing this form you grant to us and disclose your protected health care information for the purposes of treatment, various activities with payment and health care operations. Our Notice of Privacy provides more details on our treatment, payment activities and health care operations. If there is not a copy of the Notice accompanying this Consent form, please ask for one. We encourage you to read it since it provides details on how information about you may be used and/or disclosed and describes certain rights you have regarding your health care information.

As stated in our Notice of Privacy Practices, we reserve the right to change our privacy practices. If we should do so, we will issue a revised Notice. Since revisions may apply to the health care information we maintain on you, you have a right to receive a copy by contacting our Privacy Officer.

You have the right to revoke your consent by giving notice to our Privacy Officer. The revocation will not affect actions that were already taken in reliance upon Consent. You should also understand that if you revoke this Consent we may decline to treat you.

You are entitled to a copy of this Consent Form after you have signed it. This form also serves as your Acknowledgement of Receipt of Notice of Privacy Practices. You may refuse to sign this acknowledgement if you wish.

I, _____, have read the contents of this Consent Form and the Notice of Privacy Practices. I understand that I am giving you my consent to use and disclose my health care information to carry out treatment, payment activities and health operations. I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Patient's Signature or Signature of Patient's Rep.	Patient's Birth Date	Patient's Soc. Sec. No.	Date
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Printer Name of Patient's Representative	Relationship to Patient
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Our Privacy officer can be contacted as follows: Cynthia J. Layton
7923 Munson Rd., Suite 6
Mentor, OH 44060
Ph: (440) 209-1826 Fax: (440) 209-1840 e-mail: laytonpt@cs.com

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this patient but it could be obtained because:

- The patient refused to sign.
- Due to an emergency situation it was not possible to obtain an acknowledgement.
- We weren't able to communicate with the patient.
- Other (Please provide specific details) _____

Employee Signature	Date
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