

Essential Insight

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**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES AND CONSENT AND
DISCLOUSER OF HEALTH INFORMATION**

Notice of Privacy Practices: You have the right to read our Privacy Practices before you decide whether or not to sign this consent. A copy of our Notice and/or this consent is available upon request.

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 healthcare operations.

I have been shown a copy or received a copy of this office's Notice of Privacy Practices and have had full opportunity to read and consider its contents. I understand that signing this consent form, I am giving my consent to your used and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

If this consent is signed by a personal representative on behalf of the patient, please complete the following:

Patient Name: _____

Parent/Legal Guardian Name: _____

Signature: _____ Date: _____

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

____ Other