

THE MAGNOLIA MEDICAL GROUP

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CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Giving Consent

Name: _____

DOB: _____

TO THE PATIENT: PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

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

Notice of privacy practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent. Our Notice provides a description of our treatment, payment activities, healthcare operations, and the uses and disclosures we may make of your protected health information and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of our protected health information that we maintain.

Right to Revoke: you will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted in our office. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation. Understand that we may decline to treat you or to continue to treat you if you revoke this Consent.

Signature:

I, _____ (PRINT), have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my PHI (protected health information) to carry out treatment, payment activities and healthcare operations. **I also authorize my Healthcare provider to discuss or release my Healthcare information to anyone listed below.**

_____ Name and relationship

_____ Name and relationship

_____ Name and relationship

_____ Name and relationship

Signature: _____ Date: _____