



Michigan ENT
& Allergy Specialists

Notice of Privacy Practices and Patient Consent For Use and Disclosure of Protected Health Information

PATIENT NAME

DATE

I **understand** that under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I have certain Patient Rights regarding my protected health information.

I **understand** that MI ENT & Allergy Specialists may use or disclose my protected health information for treatment, payment or health care operations – which means for providing health care to me, the patient; handling billing and payment; and taking care of other health care operations. Unless required by law, there will no other uses and disclosures of this information without my authorization.

MI ENT & Allergy Specialists has a detailed document called the **“Notice of Privacy Practices”**. It contains a more complete description of your rights to privacy and how we may use and disclose protected health information.

I understand that I have the right to read the **“Notice”** before signing this agreement. If I ask, MI ENT & Allergy Specialists will provide me with the most current *Notice of Privacy Practices*.

My signature below indicates that I have been given the chance to review such copy of the *Notice of Privacy Practices*. My signature means that I agree to allow MI ENT & Allergy Specialists to use and disclose my protected health information to carry out treatment, payment and health care operations. I have the right to revoke this consent in writing at any time, except to the extent that MI ENT & Allergy Specialists has taken action relying on this consent.

SIGNATURE (Patient or Legal Custodian/Authorized Representative)

DATE

Relationship to Patient if signed by another party

DATE

You may obtain a copy of our *Notice of Privacy Practices*, including any revisions of our **“Notice”** at any time by contacting: MI ENT & Allergy Specialists 393 Garden Ave, Holland MI 49424