

ACKNOWLEDGEMENT & CONSENT

Please read the two statements below, initial next to them, print, sign and date below

_____ **I acknowledge that I have received/ been offered a copy of our Notice of Privacy Procedures. (Please inquire at the office for your copy.)**

_____ **I consent to the release of protected health information that is required to carry out treatment, payment or healthcare operations on my behalf.**

(Please Print Patients Name)

(Parent/Guardian Name)

(Signature)

(Relationship to Patient)

(Date)