

**SANFORD R. DOLGIN, M.D.**

**KEVIN J. DONNELLY, M.D.**

**DEAN G. DAVIS, M.D.**

**DANIEL A. VINCENT, JR., M.D.**

**SCOTT R. ANDERSON, M.D.**

## **Consent to Use and Disclose Protected Health Information**

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

Your protected health information will be used by Doctors Dolgin, Donnelly, Davis, Vincent & Anderson or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

### **THE NOTICE OF PRIVACY PRACTICES**

Doctors Dolgin, Donnelly, Davis, Vincent & Anderson are required to provide to you a notice that describes how information about you may be used and disclosed. Additionally, we must provide you information on how you may get access to this information. These policies and practices are defined in the "Notice of Privacy Policies and Practices" brochure provided to you.

PLEASE REVIEW IT CAREFULLY.

### **YOU MAY PLACE RESTRICTIONS ON THE USE OR DISCLOSE OF YOUR HEALTH INFORMATION.**

You may request a restriction on the use or disclosure of your protected health information. However, Doctors Dolgin, Donnelly, Davis, Vincent & Anderson may or may not agree to your request to restrict the use or disclosure request. Please consult with a practice representative or Doctors Dolgin, Donnelly, Davis, Vincent & Anderson if you would like additional information or clarification.

It is a violation of the federal privacy standards if Doctors Dolgin, Donnelly, Davis, Vincent & Anderson agree and fail to comply with your request. The restrictions requested will not affect use or disclosure of your information before the date of your request. If you still have questions after reviewing the Notice of Privacy Brochure, please consult with a practice representative or Doctors Dolgin, Donnelly, Davis, Vincent & Anderson at the location and contact information listed on the back of the brochure.

### **YOU MAY REVOKE THIS CONSENT AT ANYTIME**

You may revoke this consent at anytime; however, Doctors Dolgin, Donnelly, Davis, Vincent & Anderson require that you must revoke this consent in writing. If you chose to revoke this consent, the revocation will not affect use and disclosure of your information before the date of your request.

### **CHANGES TO PRIVACY PRACTICES**

Doctors Dolgin, Donnelly, Davis, Vincent & Anderson reserve the right to change or modify the privacy practices outlined in the Notice of Privacy Brochure. Doctors Dolgin, Donnelly, Davis, Vincent & Anderson will notify you of any changes of privacy practices either by mail, at your next appointment, or any other pre-approved method that you request.

### **SIGNATURE**

I have reviewed this consent form and give my permission to Doctors Dolgin, Donnelly, Davis, Vincent & Anderson to use and disclose my health information in accordance with this consent. The "Notice of Privacy Policies and Practices" brochure is available in the office for patients upon request.

\_\_\_\_\_  
Name of Patient (Print)

\_\_\_\_\_  
Signature of Patient/Date

\_\_\_\_\_  
If Patient is Minor Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Relationship to Patient