

Clarkston Internal Medicine, P.C.

7210 N Main Street, Suite 200, Clarkston MI 48346

Consent to Use and Disclose Protected Health Information

Use and Disclosure of your Protected Health Information

Your protected health information will be used by Clarkston Internal Medicine, P.C. or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operation of the practice.

Notice of Privacy Practices

Clarkston Internal Medicine, P.C. is 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.

Reservation of Right to Change Privacy Practices

Clarkston Internal Medicine reserves the right to modify the privacy practices outlined in the notice. I understand that Clarkston Internal Medicine, P.C. will notify me of these changes upon my next appointment.

Requesting a Restriction on the Use or Disclosure of Your Information

You may request a restriction on the use or disclosure of your protected health information. You must restrict this consent in writing. Clarkston Internal Medicine, P.C. may or may not agree to restrict the use or disclosure of your protected health information.

Revocation of Consent

You may revoke this consent to use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocations of consent is received will not be affected.

Print Name

Signature of Patient

Date