



Ottawa Shores E.N.T. Associates, P.C.
1445 Sheldon Rd, Suite 304, Grand Haven, MI 49417
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Patient Consent/Acknowledgement Form

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or healthcare operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and healthcare operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made based on your prior Consent. Ottawa Shores E.N.T. Associates, P.C. provides this form to comply with the Health Insurance Portability and Accountability Act (HIPPA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations.
- Ottawa Shores E.N.T. Associates, P.C. has a Notice of Privacy Practices and the patient has the opportunity to review this Notice.
- Ottawa Shores E.N.T. Associates, P.C. reserves the right to change the Notice of Privacy Practices.
- The patient has the right to restrict the use of their information but Ottawa Shores E.N.T. Associates, P.C. does not have to agree to those restrictions.
- The patient may revoke this Consent in writing at any time and all future disclosure will then cease.
- Ottawa Shores E.N.T. Associates, P.C. may condition the treatment upon the execution of this Consent.

A copy of the "Notice of Privacy Practices" will be given to me at my request.

Signature: _____
(To be signed in the office at the time of the appointment)