

# Sample Consent Form:

**D R A F T** (Date)

## CONSENT

(Most likely would be combined with Consent for Treatment, though there are some restrictions in the regulations about what this can be combined with, i.e. cannot be combined with the Privacy Notice. However, if combined, must be visually and organizationally separate from the remainder of the document, and separately signed.)

I understand that as a condition to my receiving treatment **[from this provider/at this facility]**, **[name/entity]** may use or disclose my personally identified health information for treatment, to obtain payment for the treatment provided, and as necessary for the operations of this **[office/entity]**. These uses and disclosures are more fully explained in the Privacy Notice that has been provided to me, and which I have had the opportunity to review.

I understand that the privacy practices described in the Privacy Notice may change over time, and that I have a right to obtain any revised Privacy Notice by contacting **[name]** to make such a request.

I also understand that I have the right to request **[provider/entity]** to restrict how my health information is used or disclosed. **[Provider/entity]** does not have to agree to my request for the restriction, but if **[s/he/it]** does agree, **[s/he/it]** is bound to abide by the restriction as agreed.

Finally, I understand that I have the right to revoke/withdraw this consent, in writing, at any time. My revocation/withdrawal will be effective except to the extent that **[provider/entity]** has taken action in reliance on my consent for use or disclosure of my health information. Provision of future treatment may be withdrawn if I withdraw my consent.

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Name

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Date