

# John S. McIntyre

## Acknowledgment of Receipt of Notice of Privacy Policies And Consent for Disclosure for Treatment, Payment and Operations

### ACKNOWLEDGMENT AND CONSENT

By signing below, I hereby acknowledge that I have been provided with a copy of this office's Notice of Privacy Practices and have therefore been advised of how my protected health information may be used and disclosed by the office and how I may obtain access to and control this information. In addition, by signing below, I hereby consent to the use and disclosure of my health information for treatment purposes, payment activities and healthcare operations of the office as described in the Notice.

**Signature of the Patient or Personal Representative**

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**Print Name of Patient or Personal Representative (including description of legal authority)**

**Date**

Individual Refused to Sign