

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

I acknowledge receipt of the Privacy Practices of **DR. LAJUAN HALL** and acknowledge that I have had the opportunity to read this description of their Privacy Practices and ask questions regarding their privacy practice.

Dated: _____

Signature of Parent

Print Patient's Name

The patient, _____, was provided a copy of this Acknowledgement of Privacy Practices and has either been able to sign, or has refused to sign it.

Dated: _____ **DR. LAJUAN HALL** (Privacy Officer/Contact Person)

CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Having read and understood the Privacy Practices of **DR. LAJUAN HALL**, I hereby consent for use and disclosure of my protected health information to carry out treatment, payment activities and healthcare operations.

I understand that I am not required to give this consent in order for **DR LAJUAN HALL** to use my protected health information for treatment, payment activities and healthcare operations. I also understand that I may revoke this consent in writing by submitting the revocation to the Privacy Officer/Contact Person listed on the officer's Privacy Practices notice. I further understand that if I decline to give my consent or if I revoke it, **DR. LAJUAN HALL** may refuse to treat me or proceed with treatment, payment activities and health care activities as if consent was given or not revoked.

Dated: _____

Signature of Parent

Print Patient's Name

The patient, _____, was provided a copy of this Consent to use and Disclose Protected Health Information and has either been unable to sign or refused to sign it.

Dated: _____

Print Patient's Name

REVOCAION OF CONSENT

I hereby revoke the consent for _____ to use my protected health information, which I gave on ___/___/_____. I understand that **DR LAJUAN HALL** may refuse to treat me or may proceed with treatment, payment activities and healthcare operations as if this revocation was not made.

Dated: _____

Signature of Parent