



# Cherry Tree Family Practice

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## PRIVACY CONSENT FORM

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A new "Privacy Rule" was recently created by the Department of Health and Human Services to insure that personal health information is protected. Please understand that we respect your privacy and will do our best to protect it.

Please review our "Notice of Privacy Practices (NPP)" prior to signing this form.

If you wish to change any of the provisions on how we may use or disclose your protected health information, you may do so in writing but we will have to agree to it prior to providing medical service to you, and will require to reschedule your current appointment.

You may also refuse to have us release any information, but you must pay cash at the time of service as we will not be able to bill any insurance company for your visit.

By signing this consent form, you acknowledge that you have received a copy of our "Notice of Privacy Practices", and that you consent to Cherry Tree Family Practice using and disclosing your protected health information for the purposes of treatment, payment, health care operations and as otherwise outlined in the "Notice of Privacy Practices".

Our Notice of Privacy Practices may be changed from time to time to conform to applicable standards and laws. In that event, this consent will apply to future revisions. You may obtain a copy of the latest NPP at any time from our office.

Patient Name (Print) \_\_\_\_\_

Patient Name (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (Print)☐ \_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_ Date \_\_\_\_\_

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Office Use:

Form signed and dated by the patient/parent/guardian? Y N

CTFP Staff Initial: \_\_\_\_\_