

## P1-2000 Consent to Use and Disclosure of Protected Health Information

### ***Use and Disclosure of Your Protected health Information***

Your protected health information will be used by Greene Rehab Services or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

### ***Notice of Privacy Practices***

You should review the Notice of Privacy Practices for a more complete description of how your protected health Information may be used or disclosed. You may review the notice prior to signing this consent.

### **Requesting a Restriction on the Use or Disclosure of Your Information**

You may request a restriction on the use or disclosure of your protected health information.

**Greene Rehab Services** may or may not agree to restrict the use or disclosure of your protected health information.

If Greene Rehab Services agrees to your request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the federal privacy standards.

### **Revocation of Consent**

You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent **in writing**. Any use or disclosure that has already occurred prior to the date, on which your revocation of consent is received, will not be affected.

### **Reservation of Right to Change Privacy Practices**

Greene Rehab Services reserves the right to modify the privacy practices outlined in the notice.

### **Signature**

I have reviewed this consent form and give my permission to Greene Rehab Services to use and disclose my health information in accordance with it.

---

Name of Patient (Print or Type)

---

Signature of Patient

---

Date

---

Signature of Patient Representative

---

Relationship of Patient Representative to Patient