

# PATIENT CONSENT FOR USE, TREATMENT AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, Arcturus Healthcare, PLC may use and disclose protected health information about me to carry out treatment, payment and healthcare operations. Please refer to Arcturus Healthcare PLC's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy prior to signing this consent. Arcturus Healthcare, PLC reserves the right to revise it's Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by written request.

**I request the following person (s) to receive information regarding my protected health information: (Please mark N/A if you choose not to list anyone)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I request the following person to pick up prescriptions on my behalf: (Please mark N/A if you choose not to list anyone)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**For lab results, and other issues, I wish to be contacted in the following manner (check all that apply)**

Preferred Daytime Phone number: \_\_\_\_\_

- OK to leave a message with call-back number only
- OK to leave message with detailed information
- OK to leave detailed message with the following person(s):

\_\_\_\_\_

By signing below I acknowledge that I have access to a copy of this office's Notice of Privacy Practice Form.

**Patient Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Signature of Representative:** \_\_\_\_\_ **Relationship to Patient:** \_\_\_\_\_

**Patient's DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only

I attempted to obtain a written Acknowledgement of Receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- Emergency situation prevented signature
- Other: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_