

**Eastern Shore Foot Center, PC**

**(251) 626-5065**

**CONSENT TO USE OF PHI**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information ("PHI") about you. You have the right to review our Notice of Privacy Practices before you sign this Consent. As provided in our Notice, the terms of our Notice may change. If we change our notice, you may obtain a revised copy by requesting one from our Privacy Officer.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to your requested restrictions. However, if we do agree, then we are bound by our agreement.

By signing this form, you consent to our use and disclosure of PHI about you for treatment, payment, and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Parent or Guardian, if Patient is a minor

\_\_\_\_\_  
Date