

Branton & Jarrah, P.A.

Internal Medicine
1205 Pemberton Drive, Suite 101
Salisbury, MD 21801

NOTICE OF PRIVACY PRACTICES

PATIENT CONSENT FORM

By signing this form, you are granting consent to Branton & Jarrah, P.A., at the address shown above to use and disclose your protected health information (PHI) for the purposes of treatment, payment, and health care operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. (PHI) You have the legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full.

Our Notice Of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice from our business office.

You have the right to request us to restrict how we disclose your protected health information (PHI) for the purposes of treatment, payment, or health care operations. We are not required by law to grant your request. However, if we do decide to grant your request, we are bound by our agreement.

You have a right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information (PHI) in reliance on your consent.

Signature of patient or guardian _____

Date _____

Staff Initials _____