



Patient Privacy Consent

By signing this form, you are acknowledging that you have received, reviewed, and understand our *Notice of Privacy Practices*, and that you are granting consent for Rosemark WomenCare Specialists, LaserCare and Women’s HealthCare Associates to use and disclose your private health information for the purposes of treatment, payment and health care operations. The *Notice of Privacy Practices* contains detailed information about how we may use and disclose your private health information. 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 by accessing our website at www.rosemark.net or by contacting our office at 557-2900.

You have a right to request a restriction on how we use and disclose your private health information. This request must be specific and must be in writing. If it is determined that it is not in our best judgment to do so, or if it would pose potential risk or harm, or interfere with treatment, payment, or healthcare operations, we may be unable to grant your request. If there is not a written request with specific disclosure restrictions, it is understood that we will abide by the disclosure practices defined in our *Notice of Privacy Practices*.

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

Printed Name: _____

Signature: _____

Date: _____

Valid for 6 years from signature date

I give Rosemark or any of its affiliate’s authorization to disclose my personal appointment and medical information to the individuals listed below (family members, spouse). I understand if their names are not listed here, no information will be shared without a signed consent from me.

1. _____ 2. _____

3. _____ 4. _____

Notice of Privacy Practices is in accordance with the Health Insurance Portability and Accountability Act (HIPAA)