

## **Surgical Associates of Mansfield**

### Notice of Privacy Acknowledgement

Methodist Medical Group/ Surgical Associates of Mansfield Notice of Privacy Practices provides information about how we may use and disclose protected health information. You have the right to review the Notice before signing this acknowledgment. A copy of the current notice is posted in the waiting room. The Notice contains the effective date and as provided in our Notice, the terms of our Notice may change.

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 this restriction, but if we do, we are bound by our agreement.

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

\*\* This Privacy Acknowledgement does **not** give us consent to release records to anyone except to whom is mentioned above. A signed medical release authorization form must be completed prior to us releasing records on your behalf.

\_\_\_\_\_  
Printed Patient's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature (and relation if not patient)

\_\_\_\_\_  
Date