

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION**

**Read before signing the Acknowledgement and Consent**

This Acknowledgment of notice and consent authorizes ENT Head & Neck Specialists, PC to use and disclose health information about you for treatment, payment, and health care operations purposes.

**Notice of Privacy Practices.** ENT Head & Neck Specialists, PC has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement and consent.

**Amendments.** We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

**How to contact our Privacy Officer:**

Mail: ENT Head & Neck Specialists, PC  
Attention: Privacy Officer  
985 Berkshire Boulevard, Suite 101, Wyomissing, PA 19610  
Telephone: (610) 374-5599 ext 103  
Fax: (610) 288-8075

**Acknowledgment and Consent**

I have received the Notice of Privacy Practices for ENT Head & Neck Specialists, PC. ENT Head & Neck Specialists, PC is authorized to use and disclose health information about \_\_\_\_\_ (patient name) for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

\_\_\_\_\_  
Signature of patient  
(or patient's personal representative)

\_\_\_\_\_  
Date

Personal representative information (if applicable):

\_\_\_\_\_  
Name of personal representative

\_\_\_\_\_  
Relationship to patient (or other authority)