

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

Read before signing the Acknowledgement and Consent

This acknowledgement of notice and consent authorizes Family Fertility Center to use and disclose health information about you for treatment, payment, and health care operations purposes.

Notice of Privacy Practices. Family Fertility Center 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 information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgment and consent.

Amendment. 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 Official:

Mail: Family Fertility Center, Attention: Privacy Official
95 Highland Avenue, Suite #100, Bethlehem, PA 18017
Telephone:(610) 868-8600 Facsimile:(610) 868-8700

Acknowledgement and Consent

I, _____, (name of patient) have received the Notice of Privacy Practices for the Family Fertility Center. I authorize the Family Fertility Center to use and disclose health information about myself for treatment, payment, and health care operations purposes consistent with its Notice of Privacy Practices.

Signature of patient or personal representative Date

Name of personal representative (if applicable) Relationship to patient (or other authority)

FOR PRACTICE USE ONLY:

I provided the above named _____ patient OR _____ personal representative with the Notice of Privacy Practices for the Family Fertility Center on _____ (date).

Describe how notice was provided:

- ____ Offered copy and individual refused to accept delivery
- ____ Offered copy and individual accepted delivery
- ____ Other _____

Describe efforts to obtain signature on acknowledgement of notice form:

- ____ Patient/personal representative was asked to sign form and refused.
- ____ Other _____

Signature of staff Print Name Date