MD Immediate Care
504 Lewis St Havre de Grace, Md 21078

Consent for Use and Disclosure of Protected Medical Information

We use information that you provide to us, including health information, to carry out treatment, payment, and healthcare operations. Please refer to our " Notice of Privacy Practices" for a more complete description. You have the right to review before signing this consent.

The terms of our Notice of Privacy Practices may change. You may obtain a revised notice from the receptionist.

You have the right to request that we restrict the use of your Health Information to carry out treatment, payment and healthcare operations. We will agree to any restrictions placed on your records. If you chose not to sign this form, cash payment is expected at the time of delivery of services, as we will be unable to bill your insurance carrier.

You have the right to revoke this consent at any time by notifying us in writing. The revocation with not have any effect on any actions taken in reliance on the consent prior to the time that you revoked it.

I hereby consent to use and disclosure my individual identifiable health information for treatment, payment, and healthcare operation purposes.

Patient's name (printed) _____

Patient's signature:_____

Date:_____