

Craig W. Beaver, Ph.D.,ABPP
913 W. River Street, Suite 440
Boise, Idaho 83702
(208)336-2972

PATIENT PRIVACY PRACTICES
CONSENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our Notice before signing this consent. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy by mail.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment and healthcare operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. (At this time, we are unable to accommodate requests for special treatment of information).

By signing this form, you consent to our Patient Privacy Practices and the use and disclosure of protected health information about you for treatment, payment and healthcare operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

X

Patient Signature

Date