



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

This acknowledgement of notice and consent authorizes Alliance Cancer Specialists, PC to use and disclose health information about you for treatment, payment and health care operation purposes

Notice of Privacy Practices. Alliance Cancer 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 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: Alliance Cancer Specialists, PC

Attn: Privacy Officer

915 Lawn Avenue, Suite 202; Sellersville, PA 18960 **Telephone:**

(215) 453-3300 **Facsimile:** (215) 453-3306

Acknowledgement and Consent

(Print or type all information except the signature)

I have received the Notice of Privacy Practices for Alliance Cancer Specialists, PC. Alliance Cancer Specialists, PC is authorized to use and disclose health information about _____ (patient name) for treatment, payment and healthcare operation purposes consistent with its Notice of Privacy Practices.

Signature of Patient or Personal Representative

Date

Relationship to Patient (if applicable) _____