



HIPAA CONSENT

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 contacting the SDC Advisor.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you only for the purposes of treatment, payment, and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures based upon your prior consent. If you need assistance to make the request in writing, it will be provided to you.

Signature

Date

Witness Signature

Date