

COMBINED ACKNOWLEDGEMENT AND CONSENT

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

This acknowledgement of notice and consent authorizes Valley Surgical Center/Valley Pain Specialists to use and disclose health information about you for treatment, payment, and healthcare operations purposes.

Notice of Privacy Practices: Valley Surgical Center/Valley Pain Specialists 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 health 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

VALLEY PAIN SPECIALISTS, P.C.
4250 Fritch Drive
Bethlehem, PA 18020

Acknowledgement and Consent

I have received the Notice of Privacy Practices for Valley Surgical Center and authorize them to use and disclose health information about my treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.