



**Acknowledgement and Consent for Use and Disclosure of Personal Health Information
Acknowledgement of Patient Rights and Responsibilities**

Please carefully read our Privacy Notice to gain a clear understanding of how we may use and disclose your personal health information. The Patient Rights and Responsibilities outlines what we should expect from each other.

_____ I acknowledge that I have received the FSC Privacy Notice. I understand that my personal health information may be
(Initials) used for the purposes of healthcare operations, treatment and payment activities.

_____ I acknowledge that I have received the FSC Patient Rights and Responsibilities
(Initials)

Patient or personal representative signature

Date

Relationship to patient

FI-001



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