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PATIENT CONSENT FORM AND ACKNOWLEDGEMENT FOR NOTICE OF PRIVACY PRACTICES

The Fertility Center of New Mexico's written Notice of Privacy Practices provides detailed information on how they may use and disclose protected health information. By signing this form, I acknowledge that I have received the Notice of Privacy Practices and I am in agreement with their use and disclosure of my protected health information for treatment, payment and operations of the practice.

I understand that I may request, in writing, restrictions to the use or disclosure of my protected health records, and that I am able to provide access to my personal health information by written authorization as specified in The Fertility Center's Notice of Privacy Practices. I also understand that The Fertility Center may charge a fee for the costs of copying, mailing and supplies associated with any request for copies of my information.

Print Name

Date of Birth

Signature of Patient
or Authorized Representative

Date