



1300 Hospital Drive  
Suite 300  
Fredericksburg, VA  
22401  
(540) 656-2830 Office

## Language for Consent/Acknowledgment Use and Disclosure of Protected Health Information

I understand that Dr. Tammy J. Leonard, M.D. and Associates may use and disclose my protected information for the purposes of treatment, payment and healthcare operations. I also acknowledge that I have received or have been offered a copy of the Practice's Notice of Privacy Practices, which provides information about how the Practice and individuals involved in the Practice, may use and disclose my protected health information. As provided in the Notice, the terms of the Notice may change. To obtain a current copy of the Notice, I understand that I can contact the Privacy Officer at 540-656-2830.

I understand that I have the right to request that the Practice restrict how my protected health information is used or disclosed for treatment, payment or healthcare operations, but I also understand that the practice is not required to agree to a restriction. However, if the Practice does agree, it is bound by that agreement. I understand that I have the right to revoke this consent in writing at any time, except to the extent that the Practice, or individuals involved in my care in the Practice, have already used or disclosed protected health information in reliance on my prior consent.

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*(Signature of patient or legal representative)*

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*(date)*

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*(Relationship to patient)*

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*(date)*

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*(Witness)*