



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

Read before signing the Acknowledgement and Consent

This acknowledgement of notice and consent authorizes **PREMIER PHYSICIANS** to use and disclose health information for treatment, payment, and health care operations purposes.

**Notice of Privacy Practices.** PREMIER 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.

**Consent to Treatment.** I voluntarily consent to receive medical and health care services provided by Premier Physicians, employees and such associates, assistants, and other health care providers. I understand that such services may include diagnostic procedures, examinations, and treatment. I understand photographs, videotapes, digital and/or other images may be made/recorded for treatment and payment purposes only.

I acknowledge that Premier Physicians may use health information exchange systems to electronically transmit, receive and/or access my medical information which may include, but is not limited to, treatments, prescriptions, labs, medical and prescription history, and other health care information.

Please mark if you agree to accept artificial messages by:

Phone Calls  Yes  No      Text Messages  Yes  No      Emails  Yes  No

**How to contact our Privacy Officer:** PREMIER PHYSICIANS 4214 Andrews Hwy, Ste 240 Midland, TX 79703  
Attention: Privacy Officer Telephone:(432) 686-6600 Facsimile: (432) 682-2284

**Acknowledgement and Consent**

I have received the Notice of Privacy Practices for PREMIER PHYSICIANS. PREMIER is authorized to use and disclose health information about patient listed below for treatment, payment and healthcare operations purpose consistent with its Notice of Privacy Practice.

\_\_\_\_\_  
Signature of patient  
(or patient's personal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Personal Representative

\_\_\_\_\_  
Relationship to patient  
(or other authority)