

**Cascade Valley Hospital and Clinics  
Information Practices Consent Form**

Our Notice of Information Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting the Admitting Department of Cascade Valley Hospital, any receptionist at any of our clinics, or receptionist of the surgery center.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ for \_\_\_\_\_

Parent/legal guardian/DPOA \_\_\_\_\_