

PERLIS WELLNESS CENTER

81 E. Scranton Ave
Lake Bluff, IL 60044
847-295-5997

**Consent for Release and Use of Confidential Information and Receipt of
Notice of Privacy Practices Form**

I, _____, hereby give my consent to Perlis Wellness Center to
(Name of Patient or Authorized Agent)
Use or disclose, for the purpose of carrying out treatment, payment, or health care
operations, all information contained in the patient record of _____
(Patient's Name)

I acknowledge receipt of the Perlis Wellness Center's Notice of Privacy Practices.
The Notice of Privacy Practices provides detailed information about how the practice
may use and disclose my confidential information.

I understand that Perlis Wellness Center has reserved the right to change the
privacy practices that are described in the Notice. I understand that a copy of any
Revised Notice will be provided to me upon request.

I understand that this consent is valid until it is revoked by me. I understand that I
may revoke this consent at any time by giving a written notice of my desire to do so
to Perlis Wellness Center. I also understand that I will not be able to revoke this consent
in cases where Perlis Wellness Center has already relied on it to use or disclose my
health information. Written revocation of consent must be sent to Perlis Wellness
Center's office.

Signed: _____ Date _____.

If you are not the patient, please specify your relationship to the patient:

