

Triana Prevention Center
3155 Harbor Blvd., Ste. 100
Port Charlotte, FL 33952
941-625-1990 FAX 941-625-1991

By signing this form I am consenting to this practice's use and disclosure of my protected health information (PHI) to carry out treatment, payment and healthcare operations. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

If I do not sign this consent, Dr. Triana may decline to provide treatment to me.

You may release my PHI to: _____

Signature of Patient or Legal Guardian

____/____/____
Date

Print Patient's Name