



The North Carolina Center for the Care of  
**Huntington's Disease**

1004 Dresser Court, Suite 107  
Raleigh, NC 27609

(919) 803-8128 phone  
(919) 876-3325 fax

**Consent for Treatment:** I give my consent to NC-CCHD for evaluation, diagnosis, and treatment:

\_\_\_\_\_

Name

\_\_\_\_\_

Date

**I give my consent for the release** of my personal medical information for the purposes of treatment, payment and health care operations:

\_\_\_\_\_

Name

\_\_\_\_\_

Date

**I have been provided and have read** a copy of NC-CCHD's "Notice of Privacy Practices for Protected Health Information", describing how my medical records may be used and disclosed and how I can get access to my personal medical information.

\_\_\_\_\_

Name

\_\_\_\_\_

Date

**I have been provided and have read** a copy of NC-CCHD's "Practice Policies and Procedures".

\_\_\_\_\_

Name

\_\_\_\_\_

Date