



For use and/or disclosure of Protected Health Information (PHI)

To carry out Treatment, Payment, and Healthcare Operations

_____, hereby states that by signing this Consent, I acknowledge and agree as follows:

1. Curis' Privacy Notice has been provided to me prior to my signing this Consent. The Privacy Notice includes a complete description of the uses and/or disclosures of my protected health information ("PHI") necessary for Curis to provide treatment to me, and it is also required for Curis to obtain payment for that treatment and to carry out its health care operations. Curis explained to me that the Privacy Notice would be available to me in the future at my request. Curis has further described my right to obtain a copy of the Privacy Notice before signing this Consent and has encouraged me to read the Privacy Notice carefully before my signing this Consent.
2. Curis reserves the right to change its privacy practices described in its Privacy Notice in accordance with applicable law.
3. Curis' "Notice of Privacy Practices" is also provided in the front lobby. I may also request a copy from this office at any time via US Mail or email.
4. This Notice of Privacy Practices also describes my rights and the duties of this office with respect to my protected health information.

I have read and understood the preceding notice, and all of my questions have been answered to my complete satisfaction in a way that I can understand.

Name of Individual (Printed)

Signature of Individual

Signature of Parent/Guardian

Date Signed

Witness