

PATIENT HIPAA AWARENESS

With my permission, Dr. Rhoda Narins may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to Dr. Rhoda Narins's reserves Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Policy Practices prior to signing this consent. Dr. Rhoda Narins reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer.

With my permission, the office of Dr. Rhoda Narins may call my home or other designated locations and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my permission, the office of Dr. Rhoda Narins may mail to my home or other designated location any items that assist the practice in carrying out TPO, such appointment reminder cards and patient statements. I have the right to request that Dr. Rhoda Narins restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my request restrictions, but if it does, it is bound by this agreement.

By signing this, I am allowing Dr. Rhoda Narins to use and disclosure my PHI for TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

Signature of Patient or Legal Guardian

Patient's Name

Date

Print Name of Patient or Legal Guardian