



**ALLERGY & ASTHMA FAMILY CARE
OF WESTCHESTER PLLC**

455 CENTRAL PARK AVENUE, SUITE 207, SCARSDALE, NY 10583

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PATIENT HIPAA AWARENESS

With my permission, ALLERGY & ASTHMA FAMILY CARE OF WESTCHESTER, PLLC, may use and disclose protected health information (PHI) about me to carry out treat, payment and healthcare operations (TPO). Please refer to Allergy & Asthma Family Care of Westchester, PLLC Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Allergy & Asthma Family Care of Westchester, PLLC reserves the right to revise its notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer.

With my permission, the office of Allergy & Asthma Family Care of Westchester, PLLC 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 as appointment reminders, insurance items and any call pertaining to my clinical care, including pathology and laboratory results, among others.

With my permission, the office of Allergy & Asthma Family Care of Westchester, PLLC may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With my permission, the office of Allergy & Asthma Family Care of Westchester, PLLC may fax to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Allergy & Asthma Family Care of Westchester, PLLC restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this, I am allowing Allergy & Asthma Family Care of Westchester, PLLC to use and disclose 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 request.

Signature of Patient or Legal Guardian

Print Name of Legal Guardian

Date

Print Name of Patient

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign: _____

Communication Barrier: _____