

COMBINED ACKNOWLEDGEMENT AND CONSENT

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

Read before signing the Acknowledgement and Consent

This acknowledgement of notice and consent authorizes Edward F. Guarino, MD, P.C. to use and disclose health information about you for treatment, payment, and healthcare operations purposes.

Notice of Privacy Practices. Edward F. Guarino, MD, P.C. has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement and consent.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

How to contact our Privacy Officer

Mail: Edward F. Guarino, MD, P.C.
451 W. Chew Street, Suite 309
Allentown, PA 18102
Attention: Privacy Officer

Telephone: (610) 439-1666
Facsimile: (610) 776-7419

Acknowledgement and Consent

Print or type all information except signature.

I have received the Notice of Privacy Practices for Edward F. Guarino, MD, P.C. and authorize them to use and disclose health information about _____ (patient name) for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

Signature of patient (or patient's personal representative)

Date

Personal representative information (if applicable):

Name of personal representative

Relationship to patient (or other authority)