

Diabetes & Endocrine Associates

**Patient Consent for Use and Disclosure
of Protected Health Information**

I hereby give my consent for Diabetes & Endocrine Associates to use and disclose **Protected Health Information (PHI)** about me to carry out **Treatment, Payment and health care Operations (TPO)**. (The Notice of Privacy Practices I received from Diabetes & Endocrine Associates describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Diabetes & Endocrine Associates reserves the right to revise its Notice of Privacy Practices at any time.

With this consent, Diabetes & Endocrine Associates may call my home or other alternative location 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 calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, Diabetes & Endocrine Associates may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

With this consent, Diabetes & Endocrine Associates may use professional judgment and experience with common practice to make reasonable inferences of the patient's best interest in allowing a person, other than the patient, to pick up a prescription or make an appointment. For example, the fact that a relative or friend arrives at our office and asks to pick up a specific prescription for an individual effectively verifies that he or she is involved in the individual's care and the rule allows the office to give the prescription to the relative or friend. The individual does not need to provide the office with the names of such persons in advance.

I have the right to request that Diabetes & Endocrine Associates restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow Diabetes & Endocrine Associates to use and disclose my PHI to carry out 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

Print Patient's Name

Date

Print Name of Patient or Legal Guardian, if applicable