

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 Alfred J. Poggi, D.O., Ltd. to use and disclose health information about you for treatment, payment, and health care operations purposes.

Notice of Privacy Practices. Alfred J. Poggi, D.O., Ltd. 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: Address to Alfred J. Poggi, D.O., Ltd., Attention: Privacy Officer,
277 Neilan Road, Somerset, PA 15501
Telephone: 814/443-3637

Acknowledgement and Consent

(print or type all information except the signature)

I have received the Notice of Privacy Practices for Alfred J. Poggi, D.O., Ltd. Alfred J. Poggi, D.O., Ltd. is authorized 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)

**CONSENT TO USE AND DISCLOSURE OF INFORMATION
FOR TREATMENT, PAYMENT OR OPERATIONS**

I hereby consent to the use and disclosure of information in my medical records for treatment, payment and health care operations purposes. I understand that this consent is voluntary. I understand that information in my medical records may be used and disclosed to persons other than Alfred J. Poggi, D.O., Ltd. to carry out their responsibilities in connection with my medical/health care treatment, in payment for health care services rendered to me and in activities related to health care operations.

Initials: _____

I understand that additional information on Dr. Alfred J. Poggi's privacy practices related to my medical records is available from the Alfred J. Poggi, D.O., Ltd. comprehensive Notice of Privacy Practices, a copy of which has been made available to me, and which I have read or do not wish to read, prior to signing this consent.

Initials: _____

I understand that changes in Alfred J. Poggi's privacy practices will result in modifications to the Notice of Privacy Practices and that up-to-date notices will be available at the reception desk of Alfred J. Poggi, D.O., Ltd. at 277 Neilan Road, Somerset, PA 15501.

Initials: _____

I understand that I may request Alfred J. Poggi, D.O., Ltd. to restrict how or to whom my medical records are used or disclosed, but that Alfred J. Poggi, D.O., Ltd. may refuse the restrictions I request. However, if Alfred J. Poggi, D.O., Ltd. agrees to the restrictions, it is bound to them when disclosing information in my medical records.

Initials: _____

I understand that I can revoke this consent at any time, by notifying Alfred J. Poggi, D.O., Ltd. in writing, but if I do, it won't have any effect on actions Alfred J. Poggi, D.O., Ltd., took before he received the notification.

Initials: _____

I understand that this consent applies to the use and disclosure of information for treatment, payment or operations purposes only and that Alfred J. Poggi, D.O., Ltd. may decline to provide medical/health care services to me if I do not sign it.

Initials: _____

Signature of Patient or
Patient's Representative

Date

Printed Name of Patient's Representative
Relationship to Patient _____