

MONMOUTH PULMONARY CONSULTANTS

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

I acknowledge I was offered a Notice of Privacy Practices from Monmouth Pulmonary Consultants.

With my consent, Monmouth Pulmonary Consultants may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO) as per the complete Notice of Privacy Practices.

With my consent, Monmouth Pulmonary Consultants may call my home or other chosen location and leave a voicemail or with a designated person in reference to any items that assist the practice in carrying out TPO. For example, this would pertain to appointment confirmations and insurance items and in reference to my clinical care, including laboratory and test results, among others.

With my consent, Monmouth Pulmonary Consultants may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements.

With my consent and registration to the Patient Portal, Monmouth Pulmonary Consultants may obtain and send (TPO) correspondence via the secure Portal "MyHealthRecord". I may assign, in writing, a family member, friend or other person to also have access to the Portal.

I hereby give my consent for Monmouth Pulmonary Consultants to release Protected Health Information about me to the person or persons listed in the emergency contact section of the patient registration form.

I have the right to review the Notice of Privacy Practices prior to signing this consent.

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

I hereby authorize payment of medical benefits to Monmouth Pulmonary Consultants for services rendered. I understand that I am responsible for any amount not covered by my health insurance contract.

Signature of Patient

Date

Print Name of Patient