

Livingston Podiatry Associates
2307C Bellmore Avenue
Bellmore, NY 11710

Phone: 516-308-4500
Fax: 516-308-4501

**PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

I hereby give my consent for Livingston Podiatry to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (Livingston Podiatry's Notice of Privacy Practices provides 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. Livingston Podiatry reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Livingston Podiatry's Privacy Officer at 2307C Bellmore Ave, Bellmore, NY 11710.

With this consent, Livingston Podiatry 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 results among others. Calls may be made by a live person or automated system.

With this consent, Livingston Podiatry 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 as long as they are marked Personal and Confidential.

With this consent, Livingston Podiatry may e-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. I have the right to request that Livingston Podiatry 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 form, I am consenting to LIVINGSTON PODIATRY'S use and disclosure of 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. If I do not sign this consent, or later revoke it, LIVINGSTON PODIATRY may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Print Name of Patient or Legal Guardian Date: