pfrank MD
by Dr. Paul Jarrod Frank

PATIENT HIPAA LAW AWARENESS

Please read and sign: HIPAA laws protect patient's privacy

I have the right to review the Notice of Privacy Practices prior to signing this consent. Paul Jarrod Frank, MD PC & Associates reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer.

In accordance with HIPAA privacy laws, I am aware that patient information may be disclosed only, in order to facilitate patient care. With my permission, Paul Jarrod Frank, MD PC & Associates may use and disclose **protected health information** (PHI) about me to carry out **treatment, payment and health care operations** (TPO). Please refer to Paul Jarrod Frank, MD PC & Associates' Notice of Privacy Practices for a more description of such uses and disclosures.

With my permission, the office Paul Jarrod Frank, MD PC & Associates may call my home or other designated locations 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 call pertaining to my clinical care, including laboratory results among others.

With my permission, the office of may mail to my home, email, or designated 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 Paul Jarrod Frank, MD PC & Associates restrict how it uses or discloses my PHI to carry out TPO. However, if it is bound by this agreement.

By signing this consent, I am allowing Paul Jarrod Frank, MD PC & Associates to use and disclose my **protected health information** (PHI) to carry out my **treatment, payment, and healthcare operations** (TPO). I understand that this consent agreement is for my protection so that my information is kept confidential.

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 Name of Patient or Legal Guardian Date