

Drs. Savoy & Siegel

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Drs. Savoy & Siegel may use and disclose Protected Health Information (PHI) about me to carry out Treatment, Payment and Healthcare Operations (TPO) please refer to our Privacy Practices for a more complete description of such disclosures.

I have the right to review the Notice of Privacy Practices (NPP) prior to signing this consent. Drs. Savoy & Siegel reserve the right to revise its NPP at anytime. A revised NPP may be obtained by visiting our front desk

With my consent, Drs Savoy & Siegel may call or mail my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards, patient statements and test results.

I have the right to request the Drs. Savoy & Siegel restrict how it uses or discloses 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, Drs. Savoy & Siegel may decline to provide treatment to me.

Print Name of Patient

Signature

Name of Parent/Guardian if Minor