

ROGER KOREEN, M.D.

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

On April 14, 2003 a new law went into effect: "The Health Insurance Portability and Accountability Act. HIPPA

This law mandates how we store and transmit your personal information relating to your medical record. In addition, it allows us to release healthcare information to obtain payment from your insurance company. Signing this form tells us that you are aware of your rights and gives us permission to disclose information about you in order for us to treat you and obtain payment.

With my consent, Roger Koreen, M.D. and his staff may use and disclose **Protected Health Information (PHI)** about me to carry out **Treatment, Payment and Healthcare Operations (TPO)**. Please refer to Dr. Roger Koreen's Notice of Privacy Practices for 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. Roger Koreen, M.D. 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 Roger Koreen's Privacy Officer at 107 Woodbury Road, Huntington, N.Y. 11743.

With my consent, Roger Koreen, M.D. and staff may call my home or other designated location and leave a message on voice mail or in person in reference to any times that assist the practice in carrying out **TPO**, for example: appointment confirmation calls, insurance information, laboratory results among others.

With my consent, Roger Koreen, M.D. and staff may mail to my home or other 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 Roger Koreen, M.D. and staff restrict how it uses or discloses my **PHI** to carry out **TPO**. If this presents a problem, I will be notified.

By signing this agreement, I am consenting to Roger Koreen, M.D. and staff the use and disclosure on 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, Roger Koreen, M.D. may decline to provide treatment to me.

Name (print) of Patient _____

Legal Guardian (if under the age of eighteen) _____

Signature/Date _____