



HEIGHTS MEDICAL
TODAY'S FAMILY PRACTICE SPECIALIZING IN YOU



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

And

ACKNOWLEDGE OF RECEIPT OF NOTICE OF PRIVATE PRACTICES

With my consent, Heights Medical may use and disclose protected health information about me to carry out treatment, payment and healthcare operation. (TPO) Please refer to Heights Medical's Notice of Privacy Practices (April 1, 2012) 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. Heights Medical reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained online or by forwarding a written request to Dr. Bellavia at 288 Boulevard, Hasbrouck Heights, NJ 07604.

With my consent, Heights Medical may mail, E-Mail or call my home or other designated 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 call pertaining to my clinical care, including laboratory results among others.

We will use or disclose your health information for the purposes described unless you notify us that you object to a particular use or disclosure. Your notification that you object to a particular use or disclosure is the exercise of your right to "Opt Out". To Opt Out you may inform the HEIGHTS MEDICAL Office Manager.

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, Heights Medical may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Date

Print Patient's Name

Print Name of Legal Guardian