

East End Plastic, Reconstructive & Hand Surgery, P.C.

Judy Ann Emanuele, M.D., F.A.C.S.

PHI Consent

I understand that:

- ❖ Dr. Judy Ann Emanuele and the staff of EEPRHS may need to use and disclose information about my care and/or treatment for the purpose of arranging, conducting or referring my treatment; for obtaining payment for services; and for operating the practice.
- ❖ My consent is not needed if the law requires Dr. Judy Ann Emanuele and staff of EEPRHS to report some aspect of my protected health information to a government agency, (for example; suspected abuse, communicable diseases and potential for serious bodily harm to myself or others).
- ❖ I have the right to review EEPRHS's Notice of Privacy Practices, to request restrictions on the use of my protected health information; although we are not required to agree to these restrictions. However, if we agree to these restrictions, they are binding on us.
- ❖ I have the right to revoke my consent in writing, except to the extent that we have taken action in reliance on it.
- ❖ If I withhold consent for the use of my information for the purposes of treatment, payment or operations, Dr. Judy Ann Emanuele and the staff of EEPRHS may refuse to undertake my care.

By signing below, you consent to the use and disclosure of your protected health information by Dr. Judy Ann Emanuele, the staff of EEPRHS and our business associates for treatment, payment and healthcare operations.

Patient/Parent/Guardian

Date

Witness

Date