

Main Line Family Medicine

1450 East Boot Road, Suite 200A
West Chester, PA 19380

Patient Consent for Use and Disclosure Of Protected Health Information

With my consent, Main Line Family Medicine may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Main Line Family Medicine'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. Main Line Family Medicine 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 Main Line Family Medicine Privacy Officer at 1450 E. Boot Road, Suite 200A, West Chester, PA 19380.

With my consent Main Line Family Medicine may 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 carry out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With my consent, Main Line Family Medicine 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 as long as they are marked Personal and Confidential.

With my consent, Main Line Family Medicine may E-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 Main Line Family Medicine restrict how it uses or discloses my PHI to carry out TPO. However, the Practice is not required to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Main Line Family Medicine's use and disclosure of my PHI to carry out TPO.

Patient's Name (please print)

Date

Patient's Signature