



- ❑ **Poughkeepsie:** 1 Webster Avenue, Suite 301, Poughkeepsie, NY 12601 • (845) 483-5858 • (845) 483-5885
- ❑ **Fishkill:** 400 Westage Business Center, Suite 210, Fishkill, NY 12524 • (845) 838-8480 • Fax: (845) 838-8474

## **Patient Consent for Use and Disclosure of Protected Health Information**

With my consent, New Century Medical Associates may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to New Century Medical Associates 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. New Century Medical Associates 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 Russell Katz, Privacy Officer at 1 Webster Avenue, Suite 301, Poughkeepsie, NY 12601.

With my consent, New Century Medical Associates may call and/or mail to my home or other designated locations 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.

I have the right to request that New Century Medical Associates restrict how he uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does it is bound by this agreement.

By signing this form, I am consenting to New Century Medical Associates the use and disclosure of 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, New Century Medical Associates may decline to provide treatment to me.

---

Signature of Patient/Parent or Guardian

---

Print Name of Authorized Signer

---

Patient's Name

---

Date