

Plainsboro Family Physicians

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

I hereby give my consent for Plainsboro Family Physicians to use and disclose Protected Health Information (PHI) about me to carry out Treatment, Payment and health care Operations (TPO) (Plainsboro Family Physicians' Notice of Privacy Practices provides 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. Plainsboro Family Physicians 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 the Privacy Officer, Plainsboro Family Physicians, 666 Plainsboro Road, Suite 1316, Plainsboro, NJ 08536.

With this consent Plainsboro Family Physicians may call my home or other alternative 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 calls pertaining to my clinical care, including laboratory results among others.

With this consent Plainsboro Family Physicians may mail or fax to my home or other alternative 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 this consent Plainsboro Family Physicians may transmit information to and from the pharmacy on my behalf.

By signing this form, I am consenting to Plainsboro Family Physicians' use and disclosure of my PHI to carry out TPO.

X _____
Signature of Patient or Legal Guardian

Date

Print Patient Name

Print Name of Legal Guardian

I am consenting to allow Plainsboro Family Physicians to place referrals and other PHI in a tamper evident envelope and place it in an unlocked box outside our office door to facilitate pick up by myself or my representative when the office is closed.

PLEASE **INITIAL** ONE YES _____ NO _____