

Patient Consent for Use and Disclosure of Protected Information

With my consent, Giombetti and Brady Pediatrics may use and disclose protected health information (PHI) about me or my child to carry out treatment and payment of healthcare operations (TPO). Please refer to Giombetti & Brady Pediatrics' Notice of Privacy Practices for a description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Giombetti & Brady Pediatrics reserves the right to revise its Notice of Privacy Practices at any time. A copy of the Notice of Privacy Practices will be posted in the office for review at all times.

A revised Notice of Privacy Practices may be obtained by forwarding a written request to:

Giombetti & Brady Pediatrics, PLLC

Attention: Gregory Giombetti, Privacy Officer
208 Delaware Avenue
Delmar, NY 12054

With my consent, Giombetti & Brady Pediatrics 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 carrying out TPO, such as appointment, insurance items, lab results, or x-ray findings among others.

With my consent, Giombetti & Brady Pediatrics may mail to my home or other designated location, any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements.

By signing this form, I am consenting to Giombetti & Brady Pediatrics' use and disclosure of my or my child's PHI or TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance on my prior consent. If I do not sign this consent, Giombetti & Brady Pediatrics may decline to provide treatment to me or my child.

PATIENT / PARENT SIGNATURE

DATE