DR. HARRY PEPE & ASSOCIATES
FAMILY MEDICINE SINCE 1959

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CONSENT FOR TREATMENT, PAYMENT and HEALTHCARE OPERATION

I hereby consent to the use or disclosure of any protected health information by Dr. Harry Pepe & Associates, Inc., for the purpose of diagnosing or providing treatment, obtaining payment for health care services or in the performance of health care operations. This authorization permits Dr. Harry Pepe & Associates, Inc., its physicians and staff to provide any needed medical services on my behalf.

My "protected health information" means health information, including my demographic information collected from me and collected or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. The protected health information reasonably indentifies me and relates to my past, present, or future physical or mental health condition.

I understand that I have the right to request restrictions as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Dr. Harry Pepe & Associates, Inc., its physicians and staff are not required to agree to the restrictions that I may request. However, if Dr. Harry Pepe & Associates, Inc., its physicians and staff members agree to a restriction that I request, the restriction is binding on Dr. Harry Pepe & Associates, Inc., it's physicians and staff.

I have the right to revoke this consent, in writing, at any time, except to the extent that Dr. Harry Pepe & Associates, Inc., its physicians and staff have taken action in reliance on this consent. I understand that I have the right to review Dr. Harry Pepe & Associates, Inc. Notice of Privacy Practices, which has been provided prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health Information that will occur in my treatment, payment of my bills, or in the performance of health care operations of Dr. Harry Pepe & Associates, Inc.

This Notice of Privacy Practices also describes my rights and the duties of the physicians and staff of Dr. Harry Pepe & Associates, Inc., with respect to my protected health information. Dr. Harry Pepe & Associates, Inc., reserves the right to change the privacy practices that are describe in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail or by asking for one at the time of my next appointment.

_____ _____

Signature of Patient or Personal Representative | Date

_____ _____

PRINTED name of Patient or Personal Representative | Relationship to Patient