Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for Girls to Women Health and Wellness, PA to use and disclose protected health information (PHI) about me (or my minor child) to carry out treatment, payment and health care operations (TPO). The Notice of Privacy Practices provided by Girls to Women Health and Wellness, PA describes such uses and disclosures more completely. I have the right to review the Notice of Privacy Practices prior to signing this consent. Girls to Women Health and Wellness, PA 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 Tracy Miller, the privacy officer for Girls to Women Health and Wellness, PA.

With this consent, Girls to Women Health and Wellness, PA:

O MAY O MAY NOT ***call my home and/or other prior designated 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 test results, among others.

O MAY O MAY NOT ***call my CELL (MOBILE) PHONE and/or other prior designated 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 test results, among others.

O MAY O MAY NOT ***mail to my home and/or other prior designated alternative location*** any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

O MAY O MAY NOT ***e-mail to my home and/or other prior designated alternative 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 Girls to Women Health and Wellness, PA restrict how it uses or discloses my (or my minor child's) PHI to carry out TPO. 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 allow Girls to Women Health and Wellness, PA to use and disclose 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, or later revoke it, in writing, Girls to Women Health and Wellness may decline to provide treatment to me (or my minor child).

_____	_____	_____/_____/_____
Patient Name (print)	Patient Signature (adult patients only)	Date
_____	_____	_____/_____/_____
Parent / Guardian (print) (if patient is a minor)	Parent / Guardian Signature (if patient is a minor)	Date