



885 Lincoln Ave, Glen Rock, NJ 07452
18 Wyckoff Ave, Waldwick, NJ 07463
Phone: 201 652 1200 Fax: 201 652 1201

Patient Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for DeCicco Acupuncture, LLC, to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). (The Notice of Privacy Practices provided by DeCicco Acupuncture, LLC describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. DeCicco Acupuncture Clinic, LLC. 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 Peter DeCicco L.Ac.

With this consent DeCicco Acupuncture Clinic, LLC. 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 test results, among others.

With this consent, DeCicco Acupuncture Clinic, LLC may mail 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, DeCicco Acupuncture Clinic, LLC may e-mail 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. I have the right to request that DeCicco Acupuncture Clinic, LLC restrict how it uses or discloses my 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 DeCicco Acupuncture Clinic, LLC 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, DeCicco Acupuncture Clinic, LLC. may decline to provide treatment to me.

PATIENT'S /GUARDIAN SIGNATURE

PRINT PATIENT'S NAME

DATE

