NORTH SHORE ONCOLOGY - HEMATOLOGY ASSOCIATES LTD.

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Consent for Release and Use of Confidential Information and Acknowledgment of Receipt of Notice of Privacy Practices

Patient Name ___________________________ Account Number ____________________

You have specific rights regarding your protected health information. These include:

- the right to inspect, copy and amend records;
- the right to an accounting of disclosures;
- the right to restrict how your protected health information is used and disclosed;
- the right to request confidential communications; and
- the right to receive a paper copy of the Notice.

Please refer to our Notice of Privacy Practices (rev.03.07.03) for a detailed description of how your protected health information may be used and disclosed and your rights regarding these uses and disclosures.

By signing this document, I am confirming that I have received a copy of the Notice of Privacy Practices for North Shore Oncology-Hematology Associates Ltd. and consent to the use and disclosure of protected health information for the purpose of treatment, payment and health care operations. I understand that it is my responsibility to review the terms of the Notice and contact the Privacy Officer if I have any questions.

Signature ________________________________ Date _________

If you are a personal representative of the patient please note your relationship and explanation of your authority on the specified lines provided below. As a personal representative, you accept responsibility to act on behalf of the patient in making decisions related to their health care.

Name ____

Relationship/Explanation of Authority________________________

Address ____

____

Telephone __________________(H) ______________________(W)

Signature ________________________________ Date __________

Release of Protected Health Information

Please list the names of people who may talk to the doctors and staff at North Shore Oncology-Hematology about your treatment and payment activities:

Name (s) ____

Patient (or authorized representative) signature: ___________________________________

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