

## **PATIENT HIPPA AWARENESS**

With my permission, Dr. Makkar's office may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to the office's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Dr. Makkar's office reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices maybe obtained by forwarding a written request to the Privacy Officer.

With my permission, the office of Dr. Makkar may call my home or other designated locations and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my permission, the office of Dr. Makkar may mail to my home or other designated 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/or Confidential.

With my permission, the office of Dr. Makkar may email to my home or other designated 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 the office of Dr. Makkar restricts how it uses or discloses PHI to carry out TPO. However the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this, I am allowing the office of Dr. Makkar to use and disclose my PHI or 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.

Signature of Patient or Legal Guardian

Print name of Patient or Legal Guardian

Date: