

Patient consent form

Use of this form is optional and not required under the HIPAA privacy rule.

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P2E, LLC

Patient Consent for Use and Disclosure of Protected Health Information

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I hereby give my consent for P2E, LLC to use and disclose protected health information (PHI) about me to carry out the services I have requested.

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With this consent, P2E, 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 company in carrying out my requested service.

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With this consent, P2E, LLC may mail to my home or other alternative location any items that assist the company in carrying out my requested service.

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With this consent, P2E, LLC may e-mail to my home or other alternative location any items that assist the practice in carrying out my requested service. I have the right to request that P2E, LLC restrict how it uses or discloses my PHI to carry out my requested service. The company is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

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By signing this form, I am consenting to allow P2E, LLC to use my PHI to carry out my requested service.

I may revoke my consent in writing except to the extent that the company has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, P2E, LLC may decline to provide its services.

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Signature of Patient or Legal Guardian

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Print Patient's Name

Date

Print Name of Patient or Legal Guardian, if applicable

Contact Form

Full Name: _____

5 Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

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Email: _____