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a division of consolidated medical practices of memphis, pllc

Patient Consent for Physician to Use or Disclose Health Care Information for Treatment, Payment and Health Care Operations

Patient's Name: _____ DOB: _____ SS#: _____ Chart#: _____

I understand that my health information is private and confidential. I understand that Hanissian Allergy and CPM work very hard to protect my privacy and preserve the confidentiality of my personal health information.

I understand that signing this document means that Hanissian Allergy may use and disclose my personal health information to help provide health care to me, to handle billing and payment, and to take care of other health care operations. Failure to sign this consent may result in the physician declining to treat me.

Hanissian Allergy has a detailed document called the "Notice of Privacy Practices." It contains more information about the policies and practices used to protect their patients' privacy. I understand that I have the right to read the "Notice" before signing this agreement.

Hanissian Allergy may update this "Notice of Privacy Practices." If I ask, Hanissian Allergy will provide me with the most current "Notice of Privacy Practices."

Under the terms of this consent, I can ask Hanissian Allergy to restrict how my personal health information is used or disclosed to carry out treatment, payment, or health care operations. I understand that Hanissian Allergy does not have to agree to my request. If Hanissian Allergy does agree to my request, I understand that Hanissian Allergy would follow the agreed limits.

I understand that I have the right to cancel this consent in writing, at any time. If I do cancel the consent, I understand that Hanissian Allergy may have already used or disclosed information about me and canceling this consent would not affect the information already used or disclosed.

I may cancel this consent at any time by doing one of the following:

1. Signing and dating a form that Hanissian Allergy can give me called "Revocation of Consent for Use and Disclosure of Health Care Information;" or
2. Writing, signing, and dating a letter to Hanissian Allergy. If I write a letter, it must say that I want to revoke my consent to authorize the use and disclosure of the patient's personal health information for treatment, payment, and health care operations.

I understand if I cancel this consent, Hanissian Allergy does not have to provide any further health care services to me.

My signature below indicates that I have been given the chance to review a current copy of Hanissian Allergy's "Notice of Privacy Practices." either in paper or on the website named on this page.

Patient or legally authorized individual signature

Date

Relationship to patient if signed by anyone other than the patient (parent, legal guardian, personal representative, etc.)