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PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: _____

AMD Chart #: _____

Date of Birth: _____

I hereby give my consent for Richard C Kim MD, PLLC Richard Kim Medicine to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Richard C Kim MD, PLLC, Richard Kim Medicine's Notice of Privacy Practices provides 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. Richard C Kim MD, PLLC, Richard Kim Medicine 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: Privacy Officer, Richard C Kim MD, PLLC, Richard Kim Medicine, 3 Care Lane, Suite 100, Saratoga Springs, NY 12866.

With this consent, Richard C Kim MD, PLLC, Richard Kim Medicine may contact me at my home or alternative location by telephone (including answering machine and voice mail), mail (marked Personal and Confidential), or email, in order to carry out various TPO activities, including but not limited to: appointment reminders, insurance data, and information pertaining to my clinical care, including laboratory results.

I have the right to request that Richard C Kim MD, PLLC, Richard Kim Medicine restrict how it uses or discloses my PHI to carry out TPO. If Richard C Kim MD, PLLC, Richard Kim Medicine does not agree with the requested restrictions, I will receive a copy of a letter explaining the reason(s) for such denial. By signing this form, I am consenting to Richard C Kim MD, PLLC, Richard Kim Medicine's use and disclosure of 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 choose to revoke it, Richard C Kim MD, PLLC, Richard Kim Medicine may decline to provide treatment to me.

RECEIPT OF NOTICE OF PRIVACY PRACTICES: I have been offered a copy of the Notice of Privacy Practices from Richard C Kim MD, PLLC, Richard Kim Medicine concerning how the use of disclosure of protected health information will be handled by the practice.

Signature of Patient, Parent or Legal Guardian:

Date: _____

Witness:
