

# Park Cities Allergy & Asthma

**\*\*Please note, if you decline to sign this form, we can not file insurance claims for you\*\***

## PF-2000 Consent to Use and Disclosure of Protected Health Information

### Use and Disclosure of Your Protected Health Information

Your protected health information will be used by Park Cities Allergy & Asthma or disclosed to others for the purposes of treatment, obtaining payment or supporting the day-to-day health care operations of the practice.

### Notice of Privacy Practices

You should review PF- 1000, "Notice of Privacy Practices" for a more complete description of how your protected health information may be used or disclosed. You may review the notice prior to signing this consent.

### Requesting a Restriction on the Use or Disclosure of Your Information

You may request a restriction on the use or disclosure of your protected health information.

Park Cities Allergy & Asthma may or may not agree to restrict the use or disclosure of your protected health information.

If Park Cities Allergy & Asthma agrees to your request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the federal privacy standards.

### Revocation of Consent

You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

### Reservation of Right to Change Privacy Practices

Park Cities Allergy & Asthma reserves the right to modify the privacy practices outlined in the notice.

### Patient Signature

I have reviewed this consent form and give my permission to Park Cities Allergy & Asthma to use and disclose my health information in accordance with it.

\_\_\_\_\_  
Name of Patient (Please print)

\_\_\_\_\_  
Signature of Patient or Patient Representative  
(If Patient is a minor)

\_\_\_\_\_  
Date