NEW JERSEY UROLOGY
Excellence In Care

HIPAA / Patient Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for New Jersey Urology to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations. (The Notice of Privacy Practices provided by New Jersey Urology describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. New Jersey Urology 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 request to New Jersey Urology.

With this consent, New Jersey Urology may:
1: Call my home or other alternative location and leave a message on voice mail regarding appointment reminders, insurance items, and any calls pertaining to my clinical care, including test results etc.

2: ☐ Speak with*:
_____
_____
_____

(Please list the name of family members, or other persons with whom we may speak regarding appointment reminders, insurance items, and any calls pertaining to my clinical care, including test results etc. Should you wish we only speak to you regarding your Protected Health Information, please list "Patient only")

3: Mail to my home or other alternative location any items that assist the practice in carrying out treatment, payment and health care operations.

4: Send electronic medication prescriptions to my pharmacy via Surescripts® and when available obtain (through Surescripts®) medication history records to be downloaded into my electronic medical record.

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 revoke it, New Jersey Urology may decline to provide treatment to me.

_____   _____   _____
Signature of Patient or Legal Guardian   Print Patient's Name   Date

_____
Print Name of Patient Legal Guardian, if applicable
(The Patient/Legal Guardian may request a photocopy of this signed consent)