

Manhattan Endocrinologist, PLLC

80 Fifth Avenue, Suite 1006

New York, NY 10011

HIPAA CONSENT

This consent form allows Manhattan Endocrinologist, PLLC to use and disclose information about me protected under Health insurance portability and accountability act of 1996. This information may be used or disclosed to carry out treatment, payment or health care operations.

Manhattan Endocrinologist, PLLC has provided me with a notice of privacy practices, which more completely describes such uses and disclosures. It provided this notice prior to my signing the forming accordance with my right to review its practices before signing consent.

I understand that the terms of notice of privacy practices may change and that I may obtain revised notices by mail or by an update on our website.

I understand that I have right to request, now and in the future, how protected heath information is used or disclosed to carry out treatment, payment and health care operations. I understand that while Manhattan Endocrinologist, PLLC is not required to agree to my requested restrictions, if does agree, it is bound by that agreement.

I understand that at any time the right to revoke this consent provided that I do so in writing, but that the service may still use information to complete any actions that it began prior to my revoking consent and which rely on my protected health information.

I understand the Manhattan Endocrinologist, PLLC may refuse me further service if I revoke the consent.

NAME (Print/Sign)

DATE