



### PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I Hereby give my consent for Pampered FootCare LLC. DBA NYC FootCare to use and disclose protected health information (PHI) about me to carry out treatment payment and healthcare operations (TPO). Pampered FootCare LLC. DBA NYC FootCare 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. Pampered FootCare LLC. DBA NYC FootCare reserve the right to revise its notice of privacy practices at anytime. A revised notice of privacy practices maybe forwarding a written request to Pampered FootCare LLC. DBA NYC FootCare at 29 John St., New York, NY 10038.

With this consent, Pampered FootCare LLC. DBA NYC FootCare may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked personal and confidential.

With this consent, Pampered FootCare LLC. DBA NYC FootCare may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Pampered FootCare LLC. DBA NYC FootCare restricts how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Pampered FootCare LLC. DBA NYC FootCare 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 revoke it, Pampered FootCare LLC. DBA NYC FootCare may decline to provide treatment to me.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Print Name of Patient or Legal Guardian