

Dr. G's Pediatrics
213-33 39th Ave Suite 340 Bayside, New York 11361
Phone: 347-201-5507 Fax: 646-233-3781

Consent for the Use and Disclosure of Protected Health Information

Use and Disclosure of your protected Health Information

Your protected health information will be used by Gianna Suyunova MD, or disclosed to others for the purpose of treatment, obtaining payment or supporting the day by day health care operations of practice.

Notice of Privacy Practices

You should review the Notice of Privacy Practices for a more complete description on how your protected health information may be used or disclosed. The Notice of Privacy is available to you in the waiting area. You may review the notice prior to signing.

Requesting a restriction on the Use and Disclosure of your information

You may request a restriction on the use and disclosure of your protected health information. Dr. Gianna Suyunova, may or may not agree to restrict the use and disclosure of your protected health care information. If Dr. G's Pediatrics agrees to your request, the restriction will be binding of the practice. Use and disclosure of protected health 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 and disclosure that has already occurred prior to the date on which your revocation of your consent is received will not be affected.

Reservation of Right to change Privacy Practices

Dr. Gianna Suyunova, reserves the right to modify the privacy practices outlined in the notice.

Signature

I have reviewed this consent form and give you my permission to Dr. Gianna Suyunova, for the use and disclosure of my health information in accordance with this consent.

Patient Name:
Signature of Parent or Guardian:
***Please complete the following if this consent is signed by a personal representative on behalf of the patient**
Personal Representative's Name:
Relationship to Patient:

