WOMEN FOR WOMEN MEDICAL ASSOCIATES, LLC
102 - I Centre Boulevard * Marlton NJ 08053
Tel: 856-267-5019 * Fax: 856-267-5025 * eFax: 856-294-5335
Email: contact@womenforwomenmedicalassociates.com

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I HEREBY give my consent to Women for Women Medical Associates, LLC (WWMA)/Jewel Amui-Bellon, M.D. to use and disclose protected health information about me to carry out treatment, payment and health care operations.

With this consent WWMA/Jewel Amui-Bellon, M.D. may call my home or other alternative location and leave messages on voice mail, answering machine (or other means) for the treatment, payment and health care operations. For example: appointment reminders, a message to call WWMA to obtain laboratory results or other study results.

With this consent, WWMA/Jewel Amui-Bellon, M.D. may send mail to my home or other alternative location any items that assist the practice in carrying out treatment, payment and health care operations, such as appointment reminder cards and patient statements.

I have the right to request that WWMA/Jewel Amui-Bellon, M.D. restrict how it/she uses or discloses my protected health care information to carry out treatment, payment and health care operations. However, the practice is not required to agree to my requested restriction, but if it does it is bound by the agreement.

By signing this form I am consenting to WWMA/Jewel Amui-Bellon, M.D. to use and disclose my protected health information to carry out treatment. payment and health care operations.

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, WWMA/Jewel Amui-Bellon, M.D. may decline to provide treatment.

I have received a copy of the Notice of Privacy Practices from WWMA/Jewel Amui-Bellon, M.D.

PATIENT NAME: _____

_____ _____
Signature: Patient or Legal Guardian (Circle One) Date

_____
Name of Legal Guardian/Relationship to Patient