

**Consent to use and the disclosure of Health Information For
Treatment, Payment, or Healthcare Operation:**

We have implemented all the HIPAA (Health Insurance Portability and Accountability) guidelines recommended by the Federal Government.

For more information please see our notices of Privacy Practices.

We have implemented the following to protect and safeguard your health information

Stephanie Mandelman M.D., will only use your personal information for:

- Planning your care and treatment
- To communicate with other healthcare professionals who may contribute to your care
- Communicating with your insurance care provider

We request your permission to:

- Have sign in sheet at the front desk.
- To call out your name at the time of your appointment.
- To call and leave a message on your voicemail, to leave a message at your place of residence, and/or place of employment.

We will get your written permission if we were to use your personal information for any other reason.

You have the right:

- To revoke this consent in writing, except to the extent that Stephanie Mandelman M.D, has already taken action in reliance thereon.
- To inspect and receive copies your medical information.
- To get information about the disclosures we have made on your behalf.

I, _____, have received a copy of Stephanie Mandelman M.D.'s Notice of Privacy Practices.

Signature of Patient or Patient Representative

Date