

By signing this form, I am consenting to DANIEL S. MACCUDY Practice Name's 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,
DANIEL S. MACCUDY Practice Name may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patient's Name

Date

Print Name of Patient or Legal Guardian

DANIEL S. MACCUDY, M.D.

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

With my consent, DANIEL S. MACCUDY may use and disclose protected health information
Practice Name
(PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to
DANIEL S. MACCUDY's Notice of Privacy Practices for a more complete description of such
Practice Name
uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent.

DANIEL S. MACCUDY reserves the right to revise its Notice of Privacy Practices at
Practice Name
anytime. A revised Notice of Privacy Practices may be obtained by forwarding a
written request to DANIEL S. MACCUDY Privacy Officer at
Practice Name

DANIEL S. MACCUDY, M.D.
210 JUPITER LAKES BLVD.
SUITE 4102
JUPITER, FL 33458

With my consent, DANIEL S. MACCUDY may call my home or other designated location
Practice Name
and leave a message on voice mail or in person in reference to any items that assist the practice in
carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my
clinical care, including laboratory results among others.

With my consent, DANIEL S. MACCUDY may mail to my home or other designated location any
Practice Name
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 my consent, DANIEL S. MACCUDY may e-mail to my
Practice Name
home or other designated 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
DANIEL S. MACCUDY restrict how it uses or discloses my PHI to carry out TPO.
Practice Name
However, the practice is not required to agree to my requested restrictions, but if it does, it is bound
by this agreement.