

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.