

NEPHROLOGY ASSOCIATES OF SYRACUSE, P.C.

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Dorothy L. Schneider,
CPAM, Chief Operating
Officer

CONSENT:

FOR THE USE AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give consent to Nephrology Associates of Syracuse, P.C. to use and disclose my protected health information for the purposes of treatment, payment and health care operations.

Our Notice of Privacy Practices provides more detailed information about how we may use and disclose your protected health information. You have the right to review our Notice of Privacy Practices before you sign this consent.

We reserve the right to change the terms of our Notice of Privacy Practices. You may obtain a copy of the current notice by contacting Nephrology Associates of Syracuse, P.C., Dorothy Schneider, Compliance Officer at (315) 478-3311.

You have a right to request us to restrict how we use and disclose your protected health information for the purpose of treatment, payment or health care operations. We are not required to grant your request, but if we do, the restriction will be binding on us.

You may revoke this consent at any time. Your revocation must be in writing, signed by you or on your behalf, and delivered to the address at the foot of this form. You may deliver your revocation by any means you choose (e.g., personally or by mail), but it will be effective only when we actually receive it. Your revocation will not be effective to the extent that others or we have acted in reliance upon this consent.

Sign: _____ Date: _____

Print name of patient: _____

If you are signing as the patient's representative:

Print your name: _____

Describe your authority: _____

REVOCATION

I hereby revoke the consent given above.

Sign: _____ Date: _____

Print name of patient: _____

If you are signing as the patient's representative:

Print your name: _____

Describe your authority: _____

Address of revocation: Your revocation will be effective when it is received at the following address:

Nephrology Associates of Syracuse, P.C.
1304 Buckley Road
Syracuse, NY 13212

This consent may be combined with the informed consent, as long as it is visually and organizationally separate, and separately signed and dated.

**1304 BUCKLEY ROAD
(315) 478-3311**

**SYRACUSE, NY 13212
(315) 476-5211**