

**PITTSBURGH PULMONARY ASSOCIATES
PATIENT CONSENT FOR USE AND DISCLOSURE OF “PHI”**

By signing this form, you are granting consent to Pittsburgh Pulmonary Associates, Ltd. to use and disclose your protected health information for the purposes of treatment, payment and healthcare operations (TPO). Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full.

Pittsburgh Pulmonary Associates, Ltd. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by Forwarding a written request to:

Pittsburgh Pulmonary Associates, Ltd.
Attn: Privacy Officer
1200 Brooks Lane, Ste. 130
Jefferson Hills, Pa. 15025

You have a right to request us to restrict how we use and disclose your protected health information for the purposes of treatment, payment and health care operations (TPO). We are not required by law to grant your request. However, if we do decide to grant your request, we are bound by our agreement.

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

Signature of patient (or personal representative)

Date

Personal Representative information (if applicable)

Name of personal representative

Relationship to the patient