

Theodore J. Chu, MD, Allergy and Asthma, Inc.; Alan M. Heller, MD, Inc.

Practice Limited to Allergic Diseases and Asthma in Children and Adults

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Patient Consent for Use and Disclosure of Protected Health Information

I have been given the Notice of Privacy Practices informational sheet and I have reviewed it prior to signing this consent. Theodore J. Chu, MD, Allergy and Asthma, Inc. 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 Theodore J. Chu, MD, Allergy and Asthma, Inc.

With this consent, Theodore J. Chu, MD, Allergy and Asthma, Inc. may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out **Treatment, Payment, and Healthcare Operations (TPO)**, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, Theodore J. Chu, MD, Allergy and Asthma, Inc. may mail to my home or other alternative 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 Theodore J. Chu, MD, Allergy and Asthma, Inc. restrict how it uses or discloses my **Protected Health Information (PHI)** to carry out TPO.

By signing this form, I am consenting to allow Theodore J. Chu, MD, Allergy and Asthma, Inc. to use and disclose 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, or later revoke it, Theodore J. Chu, MD, Allergy and Asthma, Inc. may decline to provide treatment to me.

Signature of Patient or Parent/Legal Guardian

Print Patient's Name

Date

Print Name of Legal Guardian, if applicable