



John F. Como D.D.S., P.C. 140 Lockwood Avenue, Suite 209 New Rochelle, NY 10801

PATIENT HIPPA AWARENESS

Having read the John F. Como, D.D.S., P.C. Notice of Privacy Practices, I hereby consent to John F. Como, D.D.S., P.C. using and disclosing protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). John F. Como, D.D.S., P.C. 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 The Privacy Officer.

With my permission, the office of John F. Como, D.D.S., P.C. may call my home or other designated locations and leave a message on voicemail at home, work, or cellular in person, or via e-mail or text 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 permission, the office of John F. Como, D.D.S., P.C. may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards, e-mail reminders, and patient statements every effort will be made to mark them Personal and/or Confidential.

I have the right to request that John F. Como, D.D.S., P.C. restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does it is bound by this agreement. By signing this, I am allowing John F. Como, D.D.S., P.C. to use and disclose my PHI for 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.

Signature of Patient or Legal Guardian

Print Name of Legal Guardian

Patient Name (Print)

Date

