COMBINED ACKNOWLEDGEMENT AND CONSENT

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

Read before signing the Acknowledgement and Consent

This acknowledgement of notice and consent authorizes Pendurthi Surgical Associates, LLC to use and disclose health information about you for treatment, payment, and healthcare operations purposes.

Notice of Privacy Practices. Pendurthi Surgical Associates, LLC has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement and consent.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

How to contact our Privacy Officer

Pendurthi Surgical Associates, LLC
Privacy Officer
Telephone: (610) 882-0199
Facsimile: (610) 882-2814

Acknowledgement and Consent

Print or type all information except signature.

I have received the Notice of Privacy Practices for Pendurthi Surgical Associates, LLC and authorize them to use and disclose health information about _____ (patient name) for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

_____ _____

Signature of patient (or patient's personal representative) Date

Personal representative information (if applicable):

_____ _____

Name of personal representative Relationship to patient (or other authority)