WESTCHESTER HEALTH ASSOCIATES
DERMATOLOGY AND MOHS SURGERY DIVISION
185 Kisco Avenue
Mount Kisco, NY 10549
(914) 242-2020 Fax: (914) 242-0690

CONSENT FOR USE / DISCLOSURE OF HEALTH INFORMATION

Patient's Name: ____ Patient Birth Date: __________________________

Notice to Patient:
By signing this form, you grant us consent to use and disclose your protected health care information for purposes of **treatment,** various activities associated with **payment** and **health care operations.** Our **Notice of Privacy Practices** provides more details on our treatment, payment activities and health care operations. If there is not a copy of the Notice accompanying this Consent form, please ask for one. We encourage you to read it since it provides details on how information about you may be used and/or disclosed and describes certain rights you have regarding your health care information.

As stated in our **Notice of Privacy Practices,** we reserve the right to change our privacy practices. If we should do so, we will issue a revised Notice. Since revisions may apply to your health care information, you have a right to receive a copy by contacting our Privacy Officer.

You have the right to **revoke** your Consent by giving written notice to our Privacy Officer. The revocation will not affect actions that were already taken in reliance upon this Consent. You should also understand that if you revoke this Consent we may decline to treat you.

You are entitled to a copy of this **Consent Form** after you have signed it.

____ have read the contents of this Consent Form and the Notice of Privacy Practices. I understand that I am giving you my consent to use and disclose my health care information to carry out treatment, payment activities and health care operations.

____ ______________________________
Patient's Signature or Patient's Representative Date

____ ______________________________
Printed Name of Patient's Representative Relationship to Patient

Our Privacy Officer is Lisa Biener and she can be reached at (914) 242-2020.