



Northern Nephrology & Hypertension
52 Tom Miller Road
Plattsburgh, NY 12901
(518) 324-4000

I hereby give my consent for Northern Nephrology & Hypertension physicians/providers to use and disclose protected health information about me to carry out treatment, payment, and health care operations. (The Notice of Privacy Practices provided by Northern Nephrology & Hypertension describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Northern Nephrology & Hypertension physicians/providers 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:

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52 Tom Miller Road
Plattsburgh, NY 12901

- With this consent, physicians/providers at Northern Nephrology & Hypertension 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 health care operations, such as appointment reminders, insurance items, and any calls pertaining to my clinical care, including laboratory test results, among others.
With this consent, physicians/providers at Northern Nephrology & Hypertension may mail to my home or other alternative location any items that assist the practice in carrying out health care operations, such as appointment reminder cards and patient statements.
With this consent, I understand that physicians/providers at Northern Nephrology & Hypertension are now utilizing an Electronic Medical Record.
With this consent, I authorize physicians/providers at Northern Nephrology & Hypertension to have access to my prescription history through the electronic pharmacy network and I acknowledge that this consent will remain in effect from this day forward and as long as I remain a patient at Northern Nephrology & Hypertension unless I choose to revoke said consent.

I have the right to request and restrict how it uses or discloses my personal health information to carry out health care operations. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow physicians/providers at Northern Nephrology & Hypertension to use and disclose my personal health information to carry out health care operations.

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, physicians/providers at Northern Nephrology & Hypertension may decline to provide treatment to me.

Print Name of Patient

Patient Date of Birth

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)