**Promenade Primary Care, LLC**

Adult Patient Consent Form for Use and Disclosure
of Protected Health Information

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Please Print Name**) hereby give my consent for Promenade Primary Care, LLC to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). The Notice of Privacy Practices provided by Promenade Primary Care, LLC describes such uses and disclosures more completely.

I have the right to review the Notice of Privacy Practices prior to signing this consent.

Promenade Primary Care, LLC 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 practice at 955 L’Enfant Plaza PR#325, Washington DC 20024.

With this consent, Promenade Primary Care, LLC may call my home or other alternative location that I have provided and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, Promenade Primary Care, LLC may mail to my home or other alternative location I have provided any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

With this consent, Promenade Primary Care, LLC may e-mail to the address I have provided, or through the secure electronic patient portal any items that assist the practice in carrying out TPO, such as appointment reminders, patient statements and test results. I have the right to request that Promenade Primary Care, LLC restrict how it uses or discloses my PHI to carry out TPO. 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 have read and understand the Notice of Privacy Practices and am consenting to allow Promenade Primary Care, LLC 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, Promenade Primary Care, LLC may decline to provide treatment to me.

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Print Patient’s Name

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Signature of Patient Date