

**Consent to use and the disclosure of Health Information For  
Treatment, Payment, or Healthcare Operation:**

We have implemented all the HIPAA (Health Insurance Portability and Accountability) guidelines recommended by the Federal Government.  
For more information please see our notices of Privacy Practices.

**We have implemented the following to protect and safeguard your health information**

**Stephanie Mandelman M.D., will only use your personal information for:**

- Planning your care and treatment
- To communicate with other healthcare professionals who may contribute to your care
- Communicating with your insurance care provider

**We request your permission to:**

- Have sign in sheet at the front desk.
- To call out your name at the time of your appointment.
- To call and leave a message on your voicemail, to leave a message at your place of residence, and/or place of employment.

We will get your written permission if we were to use your personal information for any other reason.

**You have the right:**

- To revoke this consent in writing, except to the extent that Stephanie Mandelman M.D, has already taken action in reliance thereon.
- To inspect and receive copies your medical information.
- To get information about the disclosures we have made on your behalf.

I, \_\_\_\_\_, have received a copy of Stephanie Mandelman M.D.'s Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient or Patient Representative

\_\_\_\_\_  
Date