



Allergy & Asthma SPECIALISTS

of Greater Washington

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Board Certified in Allergy and Immunology
Pediatric and Adult*

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Jyothi Gadde, M.D., P.A., to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). (Jyothi Gadde, M.D., P.A.'s Notice of Privacy Practices provides a more complete description of such uses and disclosures.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Jyothi Gadde, M.D., P.A. reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Privacy Officer, Jyothi Gadde, M.D., P.A., 493 Blackwell Road, Suite 305, Warrenton, VA 20186.

With this consent, Jyothi Gadde, M.D., P.A. 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 TPO, such as, appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this consent, Jyothi Gadde, M.D., P.A. may mail to my home or other alternate location, any items that assist the practice in carrying out TPO such as, patient statements, as long as they are marked Personal and Confidential.

However, the practice is not required to agree to my requested restriction, but if it does, it is bound by this agreement. By signing this form, I am consenting to Jyothi Gadde, M.D., P.A.'s use and disclosure of 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, Jyothi Gadde, M.D., P.A. may decline to provide treatment to me.

Patient's name (please print)

Date

Signature of Patient or Legal Guardian

Print Name of Patient or Legal Guardian