

**PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

With my consent, Richard F. Pavese, M.D., may use and disclosure protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to Dr. Richard F. Pavese, M.D.'s "Notice of Privacy Practices" for 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.

Richard F. Pavese, M.D., 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:

Richard F. Pavese, M.D., P.C.
2000 E. Southern Ave., ste. 101
Tempe, Arizona 85282

With my consent, the office staff may call my home or other designated 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 call pertaining to my clinical care. This office may also mail, or e-mail, to my home or other designated location any items that assist the practice, such as patient billing statements.

I have the right to request this practice to restrict how it uses or discloses my PHI to carry out TPO. However, 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 Richard F. Pavese, M.D.'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, treatment may be declined to provide treatment by this office.

Signature of Patient or Legal Guardian

Patient's Name (Printed)

Date