

HEMATOLOGY & ONCOLOGY CONSULTANTS OF PENNSYLVANIA, P.C.
101 Erford Road Suite 101
Camp Hill, PA 17011

**RECEIPT OF NOTICE AND CONSENT TO USE AND DISCLOSE PROTECTED
HEALTH INFORMATION**

This acknowledgement of notice and consent authorizes Hematology & Oncology Consultants of PA, P.C. to use and disclose health information about you, for treatment, payment, and health care operations purpose.

Notice of Privacy Practices. Our office has a Notice of Privacy Practices which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning our protected health information. You may review our current notice prior to signing this acknowledgement and consent.

HOW TO CONTACT OUR PRIVACY OFFICER

Address Mail to: Hematology & Oncology Consultants of PA, P.C.
Attn: Privacy Officer
101 Erford Rd Suite 101
Camp Hill, PA 17011
Telephone: 717-975-8900

ACKNOWLEDGEMENT AND CONSENT

I have received the Notice of Privacy Practices for Hematology & Oncology Consultants of PA, P.C. This office is authorized to use and disclose health information about (patients name)_____ for treatment, payment, and healthcare operations consistent with its Notice of Privacy Practices.

Signature of Patient (or personal representative)

Date of Birth

Today's Date

Name of personal representative

Relationship to patient

Phone Number