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

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND CONSENT TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

Read before signing the Acknowledgement and Consent

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

Notice of Privacy Practices. Hematology & Oncology Consultants of Pennsylvania, P.C. 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.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

How to Contact our Privacy Officer

Address Mail to: Hematology & Oncology Consultants of Pennsylvania, P.C.
Linda Packman, Privacy Officer
101 Erford Road, Suite 101
Camp Hill, PA 17011
Telephone: 717-975-8900
Fax: 717-975-9400

Acknowledgement and Consent

I have received the Notice of Privacy Practices for Hematology & Oncology Consultants of Pennsylvania, P.C. Hematology & Oncology Consultants of Pennsylvania, P.C. is authorized to use and disclose health information about

_____ (**printed patient name**) for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

_____
Signature of Patient (or personal representative) Date of Birth Date of Receipt

_____
Name of personal representative Relationship to patient (or other authority)

_____
Address of personal representative City State Zip

_____
Telephone Daytime Evening