

Notice of Privacy Practices

With my consent, Shoreline Allergy, PC may use and disclose Protected Health Information (PHI) about me or my child, to carry out Treatment, Payment and Healthcare Operations (TPO). Shoreline Allergy, PC may call my home or other designated locations 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 reminder calls, insurance items and any call pertaining to my care, including laboratory results among others.

With my consent, Shoreline Allergy, PC may mail to my home or other designated locations any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. Shoreline Allergy, PC may call out my name or my child's name in the waiting room when it is my or my child's turn to be seen by the doctor or nurse for an exam or allergy injections.

By signing this form, I am consenting to Shoreline Allergy, PC'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, Shoreline Allergy, PC may decline to provide treatment to me or my child.

Print Patient's Name _____ **Date** _____

Patient/Guardian

Signature _____

Assignment of Benefits:

I hereby assign all medical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance and other health plans to:

Shoreline Allergy, PC

Frederick DeTorres, M.D.

This assignment will remain in effect until I revoke in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize said assignee to release all information necessary to secure payment.

Patient/Guardian

Signature _____