

WOMAN TO WOMAN OB/GYN
1020 NORTH BROADWAY
YONKERS, NY 10701
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Dr. Suzanne Greenidge

Dr. Rohana Motley

CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Use and Disclosure of Patient Protected Health Information

Your protected health information will be used by Dr. Greenidge and Dr. Motley or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day to day healthcare operations of the practice.

Notice of Privacy Practice

You should review the notice of privacy practices for a more complete description of how your protected health information may be used or disclosed. You may review the notice prior to signing this consent.

Requesting a Restriction on the Use or Disclosure of Your Information

You may request a restriction on the use or disclosure of your protected health information. Dr. Greenidge, or Dr. Motley may or may not agree to restrict the use or disclosure of your protected health information. If the doctors agree to your request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the federal privacy standards.

Revocation of Consent

You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date upon which your revocation of consent is received will not be affected.

Reservation of Right to Change Privacy Practices

Dr. Greenidge and Dr. Motley reserve the right to modify the privacy practices outlined in the notice.

Signature

I have reviewed the consent form and give my permission to Dr. Greenidge, Dr. Motley to use and disclose my health information in accordance with it.

Name of Patient (Print): _____

Signature of Patient: _____

Date: _____

Signature of patient Representative _____

Relationship of Patient Representative to Patient _____