

Patient Consent for Use and Disclosure of Protected Health Information

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With my consent, Dr. Carol Piatt may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Dr. Piatt's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have a right to review the Notice of Privacy Practices prior to signing this consent. Dr. Piatt reserves the right to revise her Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Dr. Piatt's Privacy Officer at 10560 Main Street, Suite 415, Fairfax, VA, 22030.

With my consent, Dr. Carol Piatt 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 reminder cards and patient statements as long as they are marked Personal and Confidential.