ALLERGY & ASTHMA CONSULTANTS OF CENTRAL FLORIDA

Notice of Privacy Practices Acknowledgement Form

Allergy & Asthma Consultants of Central Florida's Notices of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our Notice before signing this form. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting Allergy & Asthma Consultants of Central Florida's office manager, or by visiting our website at www.orlandoallergy.com.

You have the right to request how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations as described in our Notice. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

This revised information super cedes any previous version of our privacy practices notifications. Any previous written instructions submitted under our previous policy need to be resubmitted in writing under this revision.

I hereby authorize the following individual to interact with employees of Allergy & Asthma Consultants of Central Florida, to receive and provide Protected Health Information regarding me. This listing shall remain in effect until revoked in writing by me.

Myself only.		
My Spouse	·	
My Adult Child(ren)		
The following Friends and/or Family		
I have read and reviewed Allergy & Asthma Consultractices.	tants of Central Florida's revised Notice of P	'rivacy
Print Name	Date of Birth	
Signature	_Date	
Relationship To Patient		