

Greater Houston Foot Centers

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PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Dr. Abeer Foteh to use and disclose Protected Health Information (PHI) about me to carry out Treatment, Payment and Health Care Operation (TPO). (Dr. Abeer Foteh Noticed of Privacy Practices provides a more complete description of such uses and disclosures).

I have the right to review the Notice of Privacy Practices prior to signing this consent, Dr. Abeer Foteh reserves the right to revise its Notice of Privacy Practices at any time, A revised Notice of Privacy Practices may be obtained by forwarding a written request to Dr. Abeer Foteh's office at 1666 W. Baker, Baytown, TX 77521.

With this consent, Dr. Abeer Foteh may call my home or other alternative locations and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance issues and any calls pertaining to my clinical care including laboratory results among others

With this consent, Dr. Foteh may mail to my home address or other alternative locations 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.

With this consent, Dr. Abeer Foteh e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements, I have the right to request that Dr. Abeer Foteh restrict how it uses or discloses my PHI to carry out TPO.

However, the practice is not required to agree to my requested restrictions, but if it does, it is not bound by this agreement.

By signing this form, I am consenting to DR. ABEER FOTEH use and disclosure of my PHI to care 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 disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Dr. Abeer Foteh may decline to provide treatment to me.

Signature of Patient and/or Legal Guardian

Print Patient Name

Date