

**PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

With my consent, Pittsburgh Gynecologic Oncology may use and disclose protected health information about me to carry out treatment, payment and healthcare operations. Please refer to Pittsburgh Gynecologic Oncology's Notice of Privacy Practices for 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. Pittsburgh Gynecologic Oncology reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Pittsburgh Gynecologic Oncology Privacy Officer at 4815 Liberty Avenue, Suite 127, Pittsburgh, PA 15224.

With my consent, Pittsburgh Gynecologic Oncology 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 treatment, payment, and healthcare operations. These include appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Pittsburgh Gynecologic Oncology may mail to my home or other designated location any items that assist the practice in carrying out treatment, payment and healthcare operations, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With my consent, Pittsburgh Gynecologic Oncology may e-mail to my home or other designated location any items that assist the practice in carrying out treatment, payment and healthcare operations, such as appointment reminder cards and patient statements. I have the right to request that Pittsburgh Gynecologic Oncology restrict how it uses or discloses my protected health information to carry out treatment, payment and healthcare operations. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement. By signing this form, I am consenting to Pittsburgh Gynecologic Oncology's use and disclosure of my protected health information to carry out treatment, payment and healthcare operations.

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, Pittsburgh Gynecologic Oncology may decline to provide treatment to me.

Date