

Joe S. Levy, M.D., P.C.  
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**NOTICE OF PRIVACY PRACTICES AND PATIENT CONSENT FOR USE AND  
DISCLOSURE OF  
PROTECTED HEALTH INFORMATION**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) I have certain patient rights regarding my protected health information.

I understand that Joe S. Levy, M.D., P.C. may use or disclose my protected health information for treatment, payment, or health care operations-which means for providing health care to me, the patient; handling billing and payment and taking care of other health care operations. Unless required by law, there will be no other uses and disclosures of this information without my authorization.

Joe S. Levy, M.D., P.C. has a detailed document called the **Notice of Privacy Practices**. It contains a more complete description of your rights to privacy and how we may use and disclose protected health information.

I understand that I have the right to read the Notice before signing the agreement. If I ask Joe S. Levy, M.D., P.C. will provide me with the most current **Notice of Privacy Practices**.

My signature below indicates that I have been given the chance to review such copy of the **Notice of Privacy Practices**. My signature means that I agree to allow Joe S. Levy, M.D., P.C. to use and disclose my protected health information to carry out treatment, payment and health care operations. I have the right to revoke this consent in writing at any time, except to the extent that Joe S. Levy, M.D., P.C. has taken action relying on this consent.

**AUTHORIZATION TO RELEASE OR REQUEST INFORMATION:** The undersigned hereby authorize Joe S. Levy, M.D., P.C. to release any medical information to or speak to the following individual(s) listed below regarding my care or treatment:

\_\_\_\_\_

\_\_\_\_\_  
Signature (Patient or Legal Custodian Authorized Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient if signed by another party

\_\_\_\_\_  
Date

**You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice at any time by contacting Joe S. Levy, M.D., P.C. 5575 Poplar Avenue, Suite 708 Memphis, TN 38119.**