

Caring Family Practice
225 Middle Country Rd./Suite 3
Middle Island, NY 11953
631-775-8850

Notice of Privacy Practices

Before completing this form, please read our Notice of Privacy Policies to gain a clear understanding of how we may use and disclose your Protected Health Information (PHI). You may request a copy of the Notice of Privacy Policies at any time. Any questions concerning our Notice of Privacy Policies may be directed to Christie Geronimo D.O. at the above number.

Patient Name: _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

Home Phone Number: _____

Patient Consent Statement:

I have read and understand your Notice of Privacy Policies and consent to the use of my PHI for the purposes stated.

Signature: _____ Date: _____

If the signature above is other than the patient, please complete the following:

Name of person signing: _____

Relationship to patient: _____

To revoke the above consent (to be completed only if you no longer wish us to use your PHI in the manner stated in the Notice of Privacy Policies), please ask to complete the Patient Revocation Statement.