

*Allergy and
Asthma affiliates*
m e d i c a l g r o u p

Michael J. Roberts, M.D., Inc.

F.A.A.A.I., F.A.C.A.A.I., F.A.A.P.

Diplomate American Board of Allergy and Immunology

Consent to the use and disclosure of health information for treatment, payment, or healthcare operation

We have implemented all the HIPAA guidelines recommended by the Federal Government. We have implemented the following to protect and safeguard your health information.

Ongoing training for all employees on our privacy policy and procedures, established safeguards to protect all electronically stored data

Allergy and Asthma Affiliates will only use your personal information for

Planning your care and treatment

Communicate with health care professionals who may contribute to your care

Communicate with your insurance care provider

We request your permission to have a sign in sheet at the front desk, to call out your name at the time of your appointment, to call and leave a message on a voice mail/answering machine at your residence or place of employment

We will get your written permission if we were to use your personal information for any other reason

You have the right to revoke this consent in writing, to inspect and copy your medical information, get information about the disclosures made on your behalf and detail any other restrictions regarding disclosure of health information

Date: Signature of patient or legal guardian _____