

PHILIP RABITO, M.D., F.A.C.E.  
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**PHILIP RABITO, M.D.**

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PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, Philip Rabito, M.D. may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to the attached Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy prior to signing the consent. Philip Rabito, M.D. 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 Robin N. Phillips, M.D. at 1126 Park Avenue, New York, NY 10128.

With my consent, Philip Rabito, M.D. may mail to my home or other designated location 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 Confidential.

With my consent, Philip Rabito, M.D. may e-mail to my home or other designated location any items that assist the practice in carrying out (TPO), such as appointment reminder cards and patient statement. I have the right to request that the office of Philip Rabito, M.D. restricts how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my restrictions, but if it does it is bound by this agreement.

**By signing this form, I am consenting Philip Rabito, M.D. to use and disclosure of my PHI to carry out TPO.**

**I may revoke my consent in writing except to extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Philip Rabito, M.D. may decline to provide treatment to me.**

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Signature / Date

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Patient's Name

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Print Name or Patient or Guardian