



Delaware Valley Nephrology and Hypertension Associates, PC

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

Read before signing the Acknowledgment and Consent

This consent authorizes Delaware Valley Nephrology and Hypertension Associates, PC to use or disclose health information about you for treatment, payment, and health care operations purposes.

Notice of Privacy Practice

Delaware Valley Nephrology and Hypertension Associates, PC has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgment and consent.

Revisions to Notice of Privacy Practices

We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. Copies of revised notices will be available at the reception desk or by submitting a written request to our privacy officer.

How to contact our privacy officer

Mail: Delaware Valley Nephrology and Hypertension Associates, PC
Attention: Privacy Officer
Address: 10 East Moreland Avenue, Suite 100, Philadelphia, PA 19118
Telephone: (267) 437-3163
Fax: (267) 437-3176

Acknowledgment and Consent

Print or type all information except the signature.

I have received the Notice of Privacy Practices for Delaware Valley Nephrology and Hypertension Associates. Delaware Valley Nephrology and Hypertension Associates is authorized to use and disclose health information about

_____ (patient name) for treatment, payment, and health care operations purposes consistent with its Notice of Privacy Practices.

Signature of patient or personal representative

Date

Personal representative information (if applicable):

Name of personal representative

Relationship to patient (or other authority)

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2813 Cottman Ave
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267.437.3163
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