Farhad Karim, M.D., FAAAAI
Leslie B. Branch, M.D., FAAAAI

2387 Professional Heights Dr., Ste. 60
Lexington, Kentucky 40503

I hereby consent to Karim and Branch, P.S.C. using or disclosing my protected health information for the purpose of providing treatment to me, obtaining payment for health care services rendered to me, or to carry out the Practice's health care operations.

I understand that the Practice may condition its diagnosis or treatment of me upon my consent to allow its use or disclosure of my protected health information.

I acknowledge the Practice has offered me a copy of its Notice of Privacy Practices, which provides me a more detailed description of the uses and disclosures allowed by this consent, and that I have accepted said copy. __________. The Practice preserves my right to review the Notice of Privacy Practices prior to signing this consent.

I acknowledge the Practice has offered me a copy of its Notice of Privacy Practices, but that I have refused said copy.__________ I may obtain a current copy at a date in the future by submitting a written request to 2387 Professional Heights Drive, Suite 60, Lexington, KY 40503.

I understand that I have the right to request restrictions on how the Practice uses and discloses of my protected health information for treatment, payment, or the health care operations. The Practice is not required to agree to any restriction, but if it does, the restriction is binding on the Practice.

I have the right to revoke this consent in writing, except to the extent that the Practice has taken action in reliance on this consent.

I further acknowledge the Practice has provided me a copy of its Notice of Privacy Practices, which provides a detailed description of the uses and disclosures allowed by this consent, as well as other rights regarding my protected health information.

____
Signature of Patient or Personal Representative

____
Please Print Name of Patient or Personal Representative

____
Date Completed

____
Description of Personal Representative's Authority

Office: (859) 277-1137 ~ Answering: (800) 709-7606 ~ Fax: (859) 278-0111