Lisa A. Muff D. M. D
1505 Sullivan Trail
Easton, PA 18040
(610) 559-8001
Fax (610) 559-8605

CONSENT OF DISCLOSURE

I hereby give consent to Dr. Lisa Muff to use and disclose my protected health information for the purpose of treatment, payment and health care options.

You may cancel this consent any time. Your cancellation must be in writing, signed by you or on your behalf, and delivered to the address at the bottom of this form. This may be delivered in person or by mail, but it will only be effective when we actually receive it. Your cancellation will not be effective to the extent that we or others have acted in reliance upon this consent.

You have the right to request restriction on the usage and disclosure of your protected health information for the purposes of treatment, payment or health care options. We are not required to grant your request, however, if we do. The restriction will be obligatory to us.

Our Posted Privacy Policy provides more detailed information about the usage and disclosure of your protected health information. You have the right to review our Posted Privacy Policy before you sign this consent.

We reserve the right to amend the terms of our Posted Privacy Policy. You may obtain a copy of the current policy by asking at the front desk for a copy, going to our website drlisa@enter.net, or call (610) 559-8001.

Name of Patient: _____

Signature of Patient: _____ Date: _____

If you are signing as the patient's representative:

Print your name:

Relationship:

Cancellation

I hereby void the consent given above.

Name of Patient: _____

Signature of Patient: _____ Date: _____

If you are signing as the patient's representative:

Relationship:

Print your name:

Address for cancellation: Your cancellation will be effective, upon receipt, at the following address:

Dr. Lisa Muff
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Easton, PA 18040