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ERIC RICEFIELD, D.P.M. MARK YAGODICH, D.P.M. ALIZA EISEN, D.P.M.

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE AND CONSENT TO USE HEALTH INFORMATION Read before signing the Acknowledgment and Consent

This acknowledgment of notice and consent authorizes Your Next Step, PC to use your health information about you for treatment, payment, and health care operations purposes.

Notice of Privacy Practices Your Next Step, PC has a Notice of Privacy Practices, which describes how we may use 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.

If you would like to receive a copy of the Privacy Notice, please request one at the time of your appointment.

Amendments 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. You may obtain a revised notice by submitting a written request to our Privacy Officer.

How to contact our Privacy Officer:

Mail: Your Next Step, PC
Attention: Privacy Officer
39 Rittenhouse Place
Ardmore, PA 19003

	d the Notice of Privacy Practices		r Next Step, PC is authorized to use health	
	erations purposes consistent wi			
Signature	e of Patient	Date	MRN	
Personal represer	ntative information (if applicable)	:		
Name of Personal Representative		Telephone #	Relationship to Patient	
	s with your contact information to whom the covered entity m		ecific identification of the person(s) or ormation:	
	er to be contacted by my physici e indicate the best daytime phone ‡		lowing phone #(s)	
☐ Home: ☐ Cell:		Cell:	☐ Other (work, etc.):	
D	o we have permission to leave a	a message? □ Yes □ No		
You h	You have permission to speak with the designated/authorized person(s) named:			
Step s		y medical records, make appo	to be granted access to the Your Next pintments, request medication refills and	

Patient email addresses are used for confidential communications between the patients and our office ONLY. This information will not be sold or otherwise distributed to any third parties.