

**ELLA REMENSON, M.D., P.A.**  
**Diplomate of the American Board of Internal Medicine**  
**5350 W Atlantic Ave, Ste 106**  
**Delray Beach, FL 33484**

Date \_\_\_\_\_

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OUT OF STATE ADDRESS (IF APPLICABLE)

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

MOBILE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE# \_\_\_\_\_

**Which would you prefer as a reminder: automatic phone call \_\_\_\_\_ text message \_\_\_\_\_ both \_\_\_\_\_**

**FINANCIAL RESPONSIBILITY**

SELF \_\_\_\_\_

OR

GUARANTOR'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

GUARANTOR'S ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

**PHARMACY INFORMATION**

**LOCAL PHARMACY**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS OR CROSSROADS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MAIL ORDER PHARMACY**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

Name: \_\_\_\_\_

**MEDICAL HISTORY**

**CURRENT MEDICATION AND DOSES (BRING BOTTLES WITH YOU IF NEED BE):**

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**DRUG ALLERGIES AND/OR ADVERSE DRUG REACTIONS:**

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**ILLNESSES (INCLUDE PAST AND PRESENT):**

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**SURGERIES:**

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**FAMILY HISTORY:**

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# **LIFETIME AUTHORIZATION**

I AUTHORIZE DR. ELLA REMENSON TO RELEASE ANY MEDICAL INFORMATION TO MY INSURANCE COMPANY IN ORDER TO DETERMINE THE BENEFITS PAYABLE FOR HER SERVICES.

AS A COURTESY TO ME HER OFFICE WILL SUBMIT CLAIMS TO MY INSURANCE COMPANY. IN THE EVENT THAT MY INSURANCE COMPANY DOES NOT PAY ON TIME, I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR SERVICES RENDERED BY DR.E.REMENSON. I HEREBY WAIVE CONFIDENTIALITY IN THE EVENT THAT DR REMENSON REPORTS UNPAIDS SERVICES TO VARIOUS AGENCIES, INCLUDING CREDIT REPORTING AGENCY. SHOULD MY ACCOUNT BE TURNED OVER FOR COLLECTIONS, I WILL BE RESPONSIBLE FOR ALL COSTS OF COLLECTIONS AND/OR ATTORNEY'S FEES UP TO 50%.

**IT IS MY RESPONSIBILITY TO PROVIDE CORRECT INSURANCE INFORMATION PRIOR TO EACH VISIT TO THE OFFICE.**

A COPY OF DR. REMENSON'S **PRIVACY RULES** IS AVAILABLE UPON REQUEST

I HAVE RECEIVED DR. REMENSON'S **NOTE TO OUR PATIENTS**.

Signed \_\_\_\_\_

Patient's Name \_\_\_\_\_

Dated \_\_\_\_\_

**PLEASE READ AND KEEP IT FOR YOUR RECORDS**  
**A NOTE TO OUR PATIENTS**

We would like to take this opportunity to highlight some of our routine office practices so that we can avoid misunderstandings in the future.

**Remenson Medical values every patient along with each of our dedicated staff members. We insist that each staff member treat our patients with the upmost respect. In return, we ask the same from our patients.**

1) APPOINTMENTS:

We do our best to ensure the timeliness of your appointment. However, the nature of our practice implies that at times the doctor has to deal with unexpectedly complicated issues during a patient's visit. This may result in a longer wait time for you. Rest assured that in those situations, even if we see you later than scheduled, we will pay our utmost attention to your needs and will give you extra time should your condition require it. Also, we strongly believe that if you have an urgent problem, you should be given an appointment on the same or the following day.

2) PRESCRIPTIONS:

If you are on medication, we generally prescribe ample medication to last until your next appointment. If you return for appointments as recommended, you should not run out of medicine. Our policy is to send prescriptions directly to a pharmacy during your visit. Please note: if Dr. Remenson does feel it is appropriate to call in prescriptions under exceptional circumstances, she can do so only during routine office hours. As we do not have access to our patients' charts outside office hours, we do not feel the best medical care can be provided in this situation. Anytime you find that you need a refill on a medication it is important to check if you are due for an appointment.

3) COPYING MEDICAL RECORDS:

If you request your medical records to be released to a third party or yourself, there may be an administrative charge for this service in accordance with the Florida Law. Most medical records are available free of charge on the patient portal.

4) CANCELLING APPOINTMENTS:

If you must cancel an appointment, please do so at least 24 hours in advance. We'd like to accommodate all our patients, but when a patient misses an appointment, it keeps us from being able to help everyone. We charge \$25.00 for appointments not cancelled or no shows. That fee is not covered by your insurance and is your responsibility.

5) EMERGENCIES:

Please call between appointments if any urgent clinical matters arise. If a clinical emergency or an urgent situation arises, call 911 or call Dr. Remenson's answering service, depending on the degree of urgency. If you choose to call the answering service, Dr. Remenson or a covering physician will return your call promptly. If you expect a call from Dr. Remenson after routine business hours, **please disable your unidentified call reception blockage.**

6) FINANCIAL RESPONSIBILITY:

We participate with many medical insurance companies. We strongly urge you to discuss and understand the insurance matters prior to your visits. You are responsible financially. We submit claims to your insurance company as a courtesy to you. It is also your responsibility to inform us of any insurance changes.

# PATIENT CONSENT FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

ELLA REMENSON, MD, P.A.

I hereby give my consent for ELLA REMENSON, MD, P.A. to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO).

I have the right to review the Notice of Privacy Practices prior to signing this consent. ELLA REMENSON, MD, P.A. reserves the right to revise the Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to ELLA REMENSON, MD, P.A. at 5350 W Atlantic Ave, Ste 106, Delray Beach, FL 33484. With this consent, ELLA REMENSON, MD, P.A. may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this consent, ELLA REMENSON, MD, P.A. may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

With this consent, ELLA REMENSON, MD, P.A. may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements. I have the right to request that ELLA REMENSON, MD, P.A. restricts how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions. Should the practice agree to such requests, it shall be bound to such an agreement.

By signing this form, I am consenting to ELLA REMENSON, MD, P.A.'s use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Ella Remenson, MD, P.A. may decline to provide treatment to me.

**I specifically authorize ELLA REMENSON, MD, P.A. to discuss my medical care with the following designated individual(s):**

Name \_\_\_\_\_ Tel. Number \_\_\_\_\_

Name \_\_\_\_\_ Tel. Number \_\_\_\_\_

Name \_\_\_\_\_ Tel. Number \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PATIENT OR LEGAL GUARDIAN

\_\_\_\_\_  
PATIENTS NAME (PRINTED)

\_\_\_\_\_  
DATE

# Notice of Privacy Practices

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Ella Remenson, MD

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Dr. Remenson's vision is to provide quality health services in a caring manner. This includes taking measures to protect the confidentiality of your personal health information.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and relate to your past, present or future physical or mental health or condition and related healthcare services.

We are required by law to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information we maintain at that time. You may obtain the latest Notice of Privacy Practices by contacting Dr. Remenson and requesting a revised copy be sent to you in the mail, or by asking for a copy at the time of your next appointment.

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT PATIENTS

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment** We may use medical information about patients to provide patients with medical treatment or services. We may disclose medical information about patients to doctors, nurses, technicians, or other personnel who are involved in taking care of patients at Dr. Remenson's practice. For example, a doctor treating a patient for a broken leg may need to know if the patient has diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if the patient has diabetes so we can arrange for appropriate meals. We also may disclose medical information about your condition to a physician or other healthcare provider (e.g. a specialist or home care agency) who, at the request of your physician, becomes involved in your care. We may also disclose medical information occasionally to our outside transcriptionist to type up medical record entries or letters.

**For Payment** We may use and disclose medical information to obtain payment for treatment and services provided. For example, we may need to give a patient's health plan information about medical procedure performed by Dr. Remenson so the patient's health plan will pay us or reimburse the patient for the costs of the treatment. We may also tell a patient's health plan about a treatment that patients are going to receive, to obtain prior approval or to determine whether a patient's plan will cover the costs of the treatment.

**For health care operations:** We may use and disclose medical information about patients in order to support the business activities of Dr. Remenson's practice. These uses and disclosures are necessary to run our practice and make sure all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for patients. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services that we offer. We may remove information that identifies patients from this set of medical information so they may, without learning who the specific patients are, use it to study healthcare and healthcare delivery.

In the course of providing treatment, pursuing payment or operating our practice, we may use or disclose your health information for the following purposes:

**Appointment Reminder** To contact patients who have an appointment for treatment or medical care at Dr. Remenson's practice.

**Treatment Alternatives** To tell patients about or recommend possible treatment options or alternatives that may be of interest to patients.

**Health-Related Benefits and Services** To tell patients about health-related benefits or services that may be of interest to patients.

**Individuals Involved in a Patient's Care or Payment for a Patient's Care** We may release medical information about a patient to a friend or family member who is involved in a patient's medical care. We may also give information to someone who helps pay for a patient's care. We may also tell a patient's family or friends the patient's condition. In addition, we may disclose medical information about a patient to an entity assisting in a disaster relief effort so that a patient's family can be notified about a patient's condition, status and location.

**As Required By Law** We will disclose medical information about patients when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety** We may use and disclose medical information about a patient when necessary to prevent a serious threat to a patient's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Business associates:** We may share health information about our patients with business associates who are performing services on our behalf. For example, we may contract with a company to service and maintain our computer system, or do our billing. Our business associates are obligated to safeguard patients' health information. We will share with business associates only the minimum amount of personal health information necessary for

them to assist us. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes.

**SPECIAL SITUATIONS** The following special situations may result in additional uses and disclosures of health information by Dr. Remenson:

**Organ and Tissue Donation** If patients are organ donors, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans** If a patient is a member of the armed forces, we may release medical information about that patient as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation** We may release medical information about patients for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks** We may disclose medical information about patients for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required by law.

**Health Oversight Activities** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes** If patients are involved in a lawsuit or a dispute, we may disclose medical information about patients in response to a court or administrative order. We may also disclose medical information about patients in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Law Enforcement** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at Dr. Remenson's practice.
- In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime
- To Children and Family Services

**Coroners, Medical Examiners and Funeral Directors** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of Dr. Remenson to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities** We may release medical information about patients to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others** We may disclose medical information about patients to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

## OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with a patient's written permission. If patients provide us permission to use or disclose their medical information, patients may revoke that permission, in writing, at any time. If patients revoke their permission, we will no longer use or disclose medical information about patients for the reasons covered by the original written authorization. Patients understand we are unable to take back any disclosures we have already made with a patient's permission, and we are required to retain our records of the care we provided to patients.

## PATIENT RIGHTS

Patients have the following rights regarding medical information maintained by Dr. Remenson.

**Right to Request Restrictions** Patients may request a restriction or limitation on the medical information we use or disclose about patients for treatment, payment or healthcare operations. Patients also may request a limit on the medical information we disclose about patients to someone who is involved in a patient's care or the payment for a patient's care, like a family member or friend. For example, patients could ask that we not use or disclose information about a surgical procedure performed on the patient.

We are not required to agree to a patient's request. If we do agree, we will comply with a patient's request for restriction of use and disclosure. If the information is needed to provide emergency treatment or if it is determined that it is in the best interest of the patient to permit use and disclosure of protected health information, the request will be denied and health information will not be restricted. To request restrictions, patients must make a request to us in writing. In the request, patients must tell us (1) what information they want to limit; (2) whether they want to limit our use, disclosure or both; and (3) to whom they want the limits to apply, for example, disclosures to a patient's spouse. Dr. Remenson has the right to request termination of the restriction at any time; the patient is required to agree to the termination either verbally or in writing.

**Right to Receive Confidential Communications** Patients have the right to request that we communicate with them about medical matters in a certain way or at a certain location. For example, patients can ask that we only contact them at work or by mail. To request confidential communications, patients must make a request in writing. A request must specify how or where they wish to be contacted.

**Right to Inspect and Copy** Patients have the right to inspect and copy medical information that may be used to make decisions about a patient's care for as long as the information is kept by or for Dr. Remenson. Usually, this includes medical and billing records, but does not include psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; or protected health information held by clinical laboratories if prohibited by the Clinical Laboratory Improvements Amendments of 1988 (CLIA).

To inspect and copy medical information that may be used to make decisions about patients, patients must submit a request in writing. If patients request a copy of the information we may charge a fee for the costs of copying, mailing or other supplies associated with a patient's request.

We may deny a patient's request to inspect and copy information in certain very limited circumstances. For example, if the patient is under the direct care and supervision of Dr. Remenson it is determined that a review or inspection of the medical record may upset or harm the patient, the request can be denied. If patients are denied access to medical information, patients may request that the denial be reviewed.

**Right to Amend** If patients feel that medical information we have about them is incorrect or incomplete; patients may ask us to amend the information. Patients have the right to request an amendment for as long as the information is kept by or for Dr. Remenson.

To request an amendment, a patient's request must be made in writing. In addition, patients must provide a reason that supports the request.

We may deny a patient's request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny a patient's request if patients ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for Dr. Remenson
- Is not part of the information which patients would be permitted to inspect
- Is accurate and complete

If your request for amendment is denied, we will notify you in writing along with the reasons for denial.

**Right to an Accounting of Disclosures** Patients have the right to request an "accounting of disclosures." This is a list of the disclosures that we made of medical information about patients beyond the uses and disclosures described in this notice. To request this list or accounting of disclosures, patients must submit a request in writing to Dr. Remenson. A patient's request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list patients request within a 12-month period will be free. For additional lists, we may charge patients for the costs of providing the list. We will notify patients of the cost involved and patients may choose to withdraw or modify a request at that time before any costs are incurred. All requests will receive a response within 60 days.

**Right to a Paper Copy of This Notice:** Patients have the right to a paper copy of this notice. Patients may ask us for a copy of this notice at any time from Dr. Remenson at 561-638-9209.

## COMPLAINTS

If a patient believes their privacy rights have been violated, patients may file a complaint with Dr. Remenson or with the Secretary of the United States Department of Health and Human Services (HHS). To file a complaint with Dr. Remenson, submit the complaint in writing to our office or call 561-638-9209. To file a complaint with the Secretary of HHS, the patient must contact the Office for Civil Rights directly (see Contact Information below).

***Patients will not be penalized for filing a complaint. Dr. Remenson is committed to protecting an individual's rights under HIPAA and at no point will require an individual to waive their right to file a complaint as a condition of the provision of treatment.***

## CONTACT INFORMATION

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**Ella Remenson, MD**  
5350 W. Atlantic Ave, Suite 106  
Delray Beach, FL 33484  
561-638-9209

### **U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR)**

Region IV - Atlanta (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)  
Roosevelt Freeman, Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909  
Voice Phone (404) 562-7886 FAX (404) 562-7881 TDD (404) 331-2867



PLEASE DO NOT STAPLE IN THIS AREA



HEALTH INSURANCE CLAIM FORM

Form with fields for patient information, insurance details, and physician information. Includes handwritten notes: 'PLEASE JUST SIGN HERE AND HERE' and 'NO NEED TO FILL THE REST (TO BILL YOUR INSURANCE, WE NEED TO HAVE YOUR SIGNATURE ON FILE)'. Includes vertical text 'PATIENT AND INSURER INFORMATION' and 'PHYSICIAN OR SUPPLIER INFORMATION'.

**ELLA REMENSON, MD, P.A.**  
**5350 W. Atlantic Ave., Suite 106**  
**Delray Beach, FL 33484**  
**Tel. 561-638-9209 Fax 561-638-9217**

**REQUEST OF MEDICAL RECORDS**

**PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I GIVE PERMISSION TO DR. \_\_\_\_\_  
**ADDRESS:**

\_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

TO RELEASE RECORDS TO:

**ELLA REMENSON, MD, P.A.**  
**5350 W. Atlantic Ave., Suite 106**  
**Delray Beach, FL 33484**  
**Tel. 561-638-9209 Fax 561-638-9217**

REASON FOR REQUEST: Continuation of Care

**The following information to be released:**

- ADMISSION AND DISCHARGE**
- MEDICATION HISTORY**
- LAB RESULTS**
- PROGRESS NOTES**
- TEST RESULTS**
- HIV RESULTS**
- OTHER** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Patient or Legal Representative** **Date**

\_\_\_\_\_  
**Relationship to Patient (if Legal Representative)** **Date**

\_\_\_\_\_  
**Signature of Witness** **Date**

**Ella Remenson, MD**  
**Leonid Remenson, MD**  
CONSENT FORM FOR ePRESCRIBE PROGRAM

**ePrescribe Program**

ePrescribing is way for doctors to send electronically an accurate, error free, and understandable prescription from the doctor’s office to the pharmacy. The ePrescribe Program also includes:

- **Formulary and benefit transactions** - Gives the health care provider information about which drugs are covered by your drug benefit plan.
- **Fill status notification** - Allows the health care provider to receive an electronic notice from the pharmacy telling them if your prescription has been picked up, not picked up, or partially filled.
- **Medication history transactions** - Provides the health care provider with information about your current and past prescriptions. This allows health care providers to be better informed about potential medication issues and to use that information to improve safety and quality. Medication history data can indicate: compliance with prescribed regimens; therapeutic interventions; drug-drug and drug-allergy interactions; adverse drug reactions; and duplicative therapy.

The medication history information would include medications prescribed by your health care provider, Ella Remenson, MD **&/or** Leonid Remenson, MD, as well as other health care providers involved in your care. This may include sensitive information including, but not limited to, medications related to mental health conditions, venereal diseases/sexually transmitted diseases, abortion(s), rape/sexual assault, substance (drug and alcohol) abuse, genetic diseases, and HIV/AIDS. ***As part of this Consent Form, you specifically consent to the release of this and other sensitive health information.***

**Consent**

By signing this consent form, you are agreeing that your provider, Dr. Ella Remenson, MD **&/or** Leonid Remenson, MD, may request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

You may decide not to sign this form. Your choice will not affect your ability to get medical care, payment for your medical care, or your medical care benefits. Your choice to give or to deny consent may not be the basis for denial of health services. You also have a right to receive a copy of this form after you have signed it.

This consent form will remain in effect until the day you revoke your consent. You may revoke this consent at any time in writing but if you do, it will not have an effect on any actions taken prior to receiving the revocation.

Understanding all of the above, I hereby provide informed consent to Dr. Ella Remenson, MD **&/or** Leonid Remenson, MD. to enroll me in this ePrescribe Program. I have had the chance to ask questions, and all of my questions have been answered to my satisfaction.

\_\_\_\_\_ Print Patient Name \_\_\_\_\_ Patient DOB

\_\_\_\_\_ Signature of Patient or Guardian \_\_\_\_\_ Today’s Date

\_\_\_\_\_ Relationship to Patient