

SOUTH SHORE NEPHROLOGY, P.C.
PIOTR LAZOWSKI, M.D.
PANAGIOTIS VLAGOPOULOS, M.D.

Notice of Privacy Practices Acknowledgement and Consent

By signing below, I acknowledge that I have been provided a copy of the Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by South Shore Nephrology, P.C. and how I may obtain access to and control of this information.

By signing below, I also consent to the use and disclosure of my health information to treat me and arrange for my medical care, to seek and receive payment for services given to me, and for the business operations of the medical group, its staff, and its business associates.

Name of Patient or Personal Representative (please print)

Signature

Date

Description of Personal Representative Authority

