



BOARD CERTIFIED
INTERNAL MEDICINE · FAMILY PRACTICE · BARIATRIC


92 Summit Ave,
Hackensack, NJ 07601


285 Grand Ave, Bld #5
Englewood, NJ 07631

PHONE: (201) 342-0066 • FAX: (201) 342-0079

Ehab Ibrahim, MD
Suhel Ahmed, MD
Marion Bobb-McKoy, MD
Roman Prager, MD
Anthony Kim, MD
John Albanese, PA-C
Cassandra DeSmet, APN

PATIENT CONSENT FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

By signing below, you consent to the use and disclosure of your protected health information by Ehab Ibrahim, M.D., Suhel Ahmed, M.D., and Marion Bobb -McKoy, M.D., Roman Prager, M.D., Anthony Kim, M.D., John Albanese, PA-C., Cassandra DeSmet, APN our staff, and our business associates for treatment, payment and health care operations. For a more detailed description of uses and disclosures for these purposes, please review our Notice of Information Practices (“Notice”). You have the right to review our Notice prior to signing this consent.

The terms of this Notice may change. If the terms do change, you may obtain a revised Notice by simply contacting this office at 201-342-0066 and requesting a revised Notice. We will also post any revised notice in the office. You have the right to request that we restrict our uses or disclosures of your protected health information which we are otherwise permitted to make for treatment, payment and health care operation, although we are not required to agree to these restrictions, they are binding on us. Finally, you have the right to revoke the consent in writing, except to the extent that we have taken action in reliance on it.

AGREED AND ACKNOWLEDGED TO BY:

(Signature of Patient)

(Date)

Name of patient (PLEASE PRINT)

Or:

(Signature of Patient’s Personal Representative)

(Date)

Name of Patient’s Personal Representative
(PLEASE PRINT)

Relationship

(The information below is for Staff only)



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(Signature of Witness/Staff)

(Date)