

## MAIN LINE ALLERGY, LLP

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### MAIN LINE ALLERGY, LLP CONSENT

THIS IS A MEDICAL INFORMATION CONSENT REQUIRED BY LAW TO ENSURE THAT YOU ARE AWARE OF THE WAYS IN WHICH MAIN LINE ALLERGY MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT AND OPERATION PURPOSES.

*Your Medical Health Information is Treated as Confidential. In general, any information that is about your health, the health care you receive, or payment for that care, is considered confidential and protected by Main Line Allergy. How we use and disclose medical information is described in more detail in the Main Line Allergy Medical Information Notice, which you have a right to receive. The Main Line Allergy Medical Information Notice is available for your review by asking the office manager or any member of our staff.*

*Using and Disclosing Information for Treatment, Payment and Health Care Operations. If you sign this Medical Information Consent, Main Line Allergy will be permitted by law to use and disclose your medical information for treatment, payment and health care operations. For instance, we will be authorized to share necessary information in order to bill your insurer. Please read the Notice for a complete description of the ways in which we use and disclose your medical information for these purposes. We also have the right to announce a patient's name when taking them back for a visit or injection.*

**Restrictions on How Main Line Allergy Uses and Discloses Your Health Information.** You can ask Main Line Allergy to restrict the medical information used or shared about you for treatment, payment and health care operations. We may not be able to agree with your request, and will tell you so. If we do agree with your request, we are bound to follow it.

**Your Right to Revoke This Consent.** You can take away this Consent at any time, as long as you do so in writing. Please consult the Notice, the office manager or any member of our staff for more information on how to revoke this Consent. Your revocation will not apply to any use or disclosure of your medical information by Main Line Allergy prior to the revocation and based on the original Consent.

**Main Line Allergy's Right to Change Its Notice Form.** We have the right to change our Notice at any time. If we do so, you may obtain a copy of the revised Main Line Allergy Information Notice by consulting the office manager or any member of our staff.

Please sign below to indicate that you have read this Consent and agree with its terms.

\_\_\_\_\_  
**Print Patient's Name**

I, \_\_\_\_\_ (print name of patient's representative) am signing this Consent on behalf of the patient set forth above. My authority to sign this Consent and agree to the terms herein exists because I am \_\_\_\_\_ (describe relationship of representative).

\_\_\_\_\_  
**Signature of Patient or Patient's Representative**

\_\_\_\_\_  
**Date**

**MAIN LINE ALLERGY, LLP**

www.mainlineallergy.com

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**Print Patient's Name**

I hereby give the physicians of Main Line Allergy, LLP permission to discuss my medical information with the following person(s). This permission is to remain in effect until written notification is given rescinding said permission.

\_\_\_\_\_  
Name (Please Print)

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

\_\_\_\_\_  
Name (Please Print)

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

\_\_\_\_\_  
**PRINTED Name of Patient/Guardian**

\_\_\_\_\_  
**SIGNATURE of Patient/Guardian**

\_\_\_\_\_  
**Date**

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

I give permission to Main Line Allergy and its Agents to leave a voicemail message or send a text message to confirm appointments. By checking "no," I understand that I will not receive the courtesy reminder for my future appointments.

**YES**

**NO**

\_\_\_\_\_  
**Signature of Patient/Guardian**

\_\_\_\_\_  
**Date**

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

I understand that a request for records requires a signed Record Release form. A cost is associated with this in compliance with state and Federal copying laws. Turnaround time is 10 business days.

I understand that all forms (school, camp, etc) require a fee per form. Fees are posted on our website. Turnaround time is 10 business days.

\_\_\_\_\_  
**Signature of Patient/Guardian**

\_\_\_\_\_  
**Date**

MLA/kpc: 5-22-18