

SIMPSON ALLERGY AND ASTHMA, LLC

ALYSON B. SIMPSON MD

704 South Broad Street, Lansdale, PA 19446

1982 Butler Pike Suite 2, Conshohocken, PA 19428

701 Limekiln Pike, Ambler, PA 19002

Phone 267-416-0212

~ ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPAA) ~

I acknowledge that I was offered a copy of the Notice of Privacy Practices (HIPAA) and that I have read (or had the opportunity to read if I so choose) and understood the Notice.

I authorize that Dr. Alyson Simpson can leave messages on my phone.

Cell Phone Number _____

Home Phone Number _____

X _____ Date: _____

I consent for Simpson Allergy and Asthma to correspond with me via email regarding results of labs and tests.

Email: _____

X _____ Date: _____

I consent for Simpson Allergy and Asthma to correspond with me via text message.

X _____ Date: _____

Consent to Bill Health Insurance.

Patient/Parent/Legal Guardian Signature _____ Date: _____