

**Lederman and Lederman, LLP**  
**Pediatric Ophthalmology**  
**Strabismus**

Martin E. Lederman, M.D., F.A.C.S., F.A.A.P.  
Carolyn R. Lederman, M.D.  
Robert R. Strome, M.D.

3020 Westchester Avenue  
Purchase, NY 10577  
Tel: 914-417-6441  
Fax: 914-948-2020

Edward S. Harkness Eye Institute  
New York Presbyterian Hospital  
635 West 165<sup>th</sup> Street  
New York, NY 10032

Tully Health Center  
Stamford Hospital  
32 Strawberry Hill Court, 4<sup>th</sup> Floor  
Stamford, CT 06902

Website: [www.ChildrensEyeMD.com](http://www.ChildrensEyeMD.com)  
E-mail: [Doctors@ChildrensEyeMD.com](mailto:Doctors@ChildrensEyeMD.com)

**PATIENT HIPAA AWARENESS**

With my permission, Lederman and Lederman, LLP may use and disclose protected health information (PHI) about me to carry out treatment, payment and operations (TPO). Please refer to Lederman and Lederman, LLP Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practice prior to signing this consent. Lederman and Lederman, LLP reserves the right to revise its Notice of Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer.

With my permission, the office of Lederman and Lederman, LLP may call my home or other designated locations 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 call pertaining to my clinical care, including laboratory results among others.

With my permission, the office of Lederman and Lederman, LLP may mail to my home or other designated location any items that assist the practice in carrying our TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With my permission the office of Lederman and Lederman, LLP may e-mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Lederman and Lederman, LLP restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this, I am allowing Lederman and Lederman, LLP to use and disclose my PHI for TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior request.

\_\_\_\_\_  
Signature of Patient, Parent or Legal Guardian

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient, Parent or Legal Guardian