## Consent for Use and Disclosure of Personal Health Information

This form authorizes us to use and disclose your protected health information (PHI) for the purposes of healthcare operations, treatment and payment activities.

The second secon		
Before signing, please read our Notice of Privuse and disclose your PHI.	vacy Policies to gain a c	clear understanding of how we may
For questions concerning our Notice of Privac	cy Policies, please cont	act:
Office Manager. You may reach her at 619-4	444-6196.	
Patient's Consent		
Name:		
Address:		
City:		Zip:
Telephone: ()		
Account #:		#:
I,consent to your use of my PHI for the purpos activities.  If this consent is signed by a personal representative's Name:	entative on behalf of the	e patient, complete the following:
Signature:		Date:
If this consent revocation is signed by a personal Representation is signed by a personal Repres		
Personal Representative's Name:		
Relationship to Patient:		
This information is intended as advisory in nature and shall be a supported in the same of	nould not be considered as leg	gal advice nor is it a substitute for legal advice

The Federal HIPAA privacy compliance requirements are explained in this binder. When you develop your HIPAA compliance policy, incorporate whatever is necessary to address state law requirements as well.

management activities. It is not intended to be exclusively relied upon or used as a substitute for your own loss-control program.

Accuracy and completeness are not guaranteed.