GarberForbess
RHEUMATOLOGY

8631 West Third Street, Suite 700E
Los Angeles, California 90048
Telephone (310) 854-3539
Fax (310) 652-3914

Patient Authorization for Use and Disclosure of Protected Health Information

By signing this authorization, I authorize Garber Forbess Rheumatology to use and/or disclose certain protected health information (PHI) about me to the following:(1) outside treatment facilities, including their respective staffs, made in connection with my medical care, including other health care providers, clinical laboratories, physical therapy facilities, and x-ray and other imaging facilities; (2) pharmacies in connection with prescriptions for me; (3) other individuals who may assist in my care, such as spouses and other family members; and (4) insurance companies and other services relating to the billing and collection of payments relating to the services provided to me.

This authorization permits Garber Forbess Rheumatology to use and/or disclose such individually identifiable health information about me as Garber Forbess Rheumatology and its staff determines is reasonably necessary, except as set forth below:

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Specifically describe any information which is not to be used or disclosed.

The information to be used or disclosed is made at my request.

This authorization will not expire, unless I specifically revoke it in writing, except as set forth below:

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Specify expiration date or defined event.

The Practice will not receive payment or other remuneration from a third party in exchange for using or disclosing the PHI.

I do not have to sign this authorization in order to receive treatment from Garber Forbess Rheumatology. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the Privacy Officer as follows:

Garber Forbess Rheumatology
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Signature of Patient

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Print Patient's Name Date