

## **Patient Consent for Use and Disclosure of Protected Health Information and Receipt of Notice of Privacy Practices**

I hereby give my consent for Garber Forbess Rheumatology to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (Garber Forbess Rheumatology's Notice of Privacy Practices provides a more complete description of such uses and disclosures. **I acknowledge that I have received a copy of Garber Forbess Rheumatology's Notice of Privacy Practices.**)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Garber Forbess Rheumatology reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Garber Forbess Rheumatology Privacy Officer at 8631 West Third Street, Suite 700E Los Angeles, CA 90048.

With this consent, Garber Forbess Rheumatology may call my home or other alternative location 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 calls pertaining to my clinical care, including laboratory results among others.

With this consent, Garber Forbess Rheumatology may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

With this consent, Garber Forbess Rheumatology may e-mail to my home or other alternative 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 Garber Forbess Rheumatology 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 form, I am consenting to Garber Forbess Rheumatology's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Garber Forbess Rheumatology may decline to provide treatment to me.

\_\_\_\_\_  
Signature of Patient

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

\_\_\_\_\_  
Date