

FAMILY DOCTORS OF GREEN VALLEY
**Patient Consent for Use and Disclosure
of Protected Health Information (PHI)**

With my consent, Family Doctors of Green Valley may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Family Doctors of Green Valley's Notice of Privacy Practices for a more complete description of such users and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Family Doctors of Green Valley reserves the right to revise its Notices of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by submitting a written requesting to:

Family Doctors of Green Valley
HIPPA Privacy Officer
8475 S. Eastern Ave. Suite 201
Las Vegas, NV 89123

With my consent, Family Doctors of Green Valley may call my home or other designed location and leave a message on voice mail or in person in reference to any items that assist the practice in caring out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Family Doctors of Green Valley may mail to my home or other designated location any items that assist Family Doctors of Green Valley in carry out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With my consent, Family Doctors of Green Valley may e-mail to my home or other designated location any items that assist the practice in carrying out TPO. I have the right to request Family Doctors of Green Valley restrict how it uses of disclosed by PHI to carry out TPO. However, Family Doctors of Green Valley 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 Family Doctors of Green Valley's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that Family Doctors of Green Valley has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Family Doctors of Green Valley may decline to provide treatment to me.

Patient Signature

Date

Printed Name of Patient

Acknowledgement of Receipt of Privacy Practices

I _____ have received a copy of Family Doctors of Green Valley's notice of Privacy Practices which became effective on April 14, 2003.

Patient or Legal Guardian

Date