

Health Clinic of Southern California
HIPAA Form

**Consent for Purposes of Treatment, Payment & Healthcare
Operations**

I consent to the use or disclosure of my protected health information by Health Clinic of Southern California for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Health Clinic of Southern California. I understand that analysis, diagnosis or treatment of me by Health Clinic of Southern California may be conditioned upon my consent as evidenced by my signature below.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Health Clinic of Southern California is not required to agree to the restrictions that I may request, the restriction is binding on Health Clinic of Southern California.

My "protected health information" means health information, including my demographic information, collected from, me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I have been provided with a copy of the Notice of Privacy Practices of Health Clinic of Southern California and understand that I have a right to review the Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Health Clinic of Southern California. The Notice of Privacy Practices also waiting room at 17737 Ventura Blvd. Suite 203 Encino, Ca 91316. This Notice of Privacy Practices also describes my rights and duties of the Health Clinic of Southern California with respect to my protected health information.

Health Clinic of Southern California reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office of Health Clinic of Southern California and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Printed Name of Patient

Date of Signing

Description of Personal Representative's Authority