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Patient Consent Agreement

I consent to the use or disclosure of my protected health information by Laguna Niguel Family Medical Center for the purposes of diagnosing or providing treatment to me, obtaining payment for my healthcare bills or to conduct healthcare operations of Laguna Niguel Family Medical Center. I understand that diagnosis or treatment of me by Laguna Niguel Family Medical Center may be conditioned upon my consent as evidenced by my signature of this document.

I understand I have the right to request restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of Laguna Niguel Family Medical Center. Laguna Niguel Family Medical Center is not required to agree to the restrictions that I may request. However, if Laguna Niguel Family Medical Center agrees to a restriction that I request, the restriction is binding on the practice.

I have the right to revoke this consent, in writing , at any time, except to the extent that Laguna Niguel Family Medical Center has taken action in reliance to this consent.

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

I understand I have right to review Laguna Niguel Family Medical Center's Notice of Privacy Practices prior to signing this document. Laguna Niguel Family Medical Center's Notice of Privacy Practices has been provided to me. 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 healthcare operations of Laguna Niguel Family Medical Center. The Notice of Privacy Practices for Laguna Niguel Family Medical Center is also provided mounted on the wall in the waiting area of Laguna Niguel Family Medical Center. This Notice of Privacy Practices also includes and describes my rights and Laguna Niguel Family Medical Center duties with respect to my protected health information.

Laguna Niguel Family Medical Center 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 requesting a revised copy in writing to be sent by mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative