

PARAGON PAINCARE

CONSENT FORM

(Consent for Purposes of Treatment, Payment and Healthcare Operations)

I consent to the use or disclosure of my protected health information by Paragon Paincare for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Paragon Paincare. I understand that diagnosis or treatment of me by Paragon Paincare may be conditioned upon my consent as evidenced by my signature on this document.

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.

Paragon Paincare are not required to agree to the restrictions that I may request, however, if Paragon Paincare agree to a restriction that I request, the restriction is binding on Paragon Paincare.

I have the right to revoke this consent, in writing, at any time, except to the extent that Paragon Paincare has taken action in reliance on this consent.

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 understand I have a right to review Paragon Paincare Notice of Privacy Practices prior to signing this document. The Paragon Paincare 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 health care operations of Paragon Paincare. The Notice of Privacy Practices for Paragon Paincare 1016 Laurel Street, San Carlos, CA 94070. This Notice of Privacy Practices also describes my rights and Paragon Paincare responsibilities with respect to my protected health information.

Paragon Paincare 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 practice by calling the office and request a revised copy to be sent in the mail or obtain one at the time of my next appointment.

Name of Patient or Personal Representative

Signature of Patient or Personal Representative

Date: _____

Phone: (650) 591-1183

1016 Laurel Street

San Carlos, CA 94070

Fax: (650) 508-1204