

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

I consent to the use or disclosure of my protected health information by Fertility & Women's Health Center of LA for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Fertility & Women's Health Center of LA. I understand that diagnosis or treatment of me by _____ 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. Fertility & Women's Health Center of LA is not required to agree to the restrictions that I may request. However, if Fertility & Women's Health Center of LA agrees to a restriction that I request, the restriction is binding on Fertility & Women's Health Center of LA and _____.

I have the right to revoke this consent, in writing, at any time, except to the extent that _____ or Fertility & Women's Health Center of LA 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 healthcare 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 Fertility & Women's Health Center of LA's Notice of privacy practices prior to signing this document. The Fertility & Women's Health Center of LA'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 health care operations of the Fertility & Women's Health Center of LA. The Notice of Privacy Practices for Fertility & Women's Health Center of LA is also provided in the office waiting room and on the Fertility & Women's Health Center of LA's website at fwhcla.com. This Notice of Privacy Practices also describes my rights and the Fertility & Women's Health Center of LA's duties with respect to my protected health information.

Fertility & Women's Health Center of LA 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 accessing the Fertility & Women's Health Center of LA's website, calling the office and requesting a revised copy be sent in the mail, or asking for one at the time of my next appointment.

This consent will be retained for six years from the date of signature.

Signature of patient

Name of patient

Date