

Consent to the Use and Disclosure of Health Information for Treatment, Payment or Healthcare Operations

We have implemented all the HIPPA (Health Insurance Portability and Accountability) guidelines recommended by the Federal Government. For more information please see our Notice of Privacy Practices.

We have implemented the following to protect and safeguard your health information:

- On-going training for all our employees on our privacy policy and procedures
- Established safeguards to protect all electronically stored data

High Desert Gastroenterology, Inc. will only use your personal information for:

- Planning your care and treatment
- Communicate with other health care professionals who may contribute to your care
- Communicate with your insurance care provider

We do request your permission to have a:

- Sign-in sheet at the front desk
- To call out your name at the time of your appointment

We will get your written permission if we were to use your personal information for any other reasons other than the minimum necessary.

You have the right:

- To revoke this consent in writing, except to the extent that High Desert Gastroenterology, Inc. has already taken action in reliance thereon.
- To inspect and copy your medical information
- Get information about the disclosures we have made on your behalf

Please outline any other restrictions that you would like us to place in the disclosure of your health information

By signing this agreement, I have read and understood this practice's Notice of Privacy Practices. Please do not hesitate to contact our privacy officer at (661) 945-7853 if you have any questions, concerns, or suggestions.

_____ Accepted _____ Denied

Signature of Patient or Legal Representative Witness

Date