

Jose M Pavia, MD, Inc.

13768 Roswell Ave, Suite 101

Chino, CA 91710

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

I consent to the use or disclosure of my protected health information by Jose M. Pavia, M.D., Inc. for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Jose M. Pavia, M.D., Inc. I understand that diagnosis or treatment of me by Jose M. Pavia, M.D., Inc. 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 this practice. Jose M. Pavia, M.D., Inc. is not required to agree to the restrictions that I may request. However, if Jose M. Pavia, M.D., Inc. agrees to a restriction that I request, the restriction is binding on Jose M. Pavia, M.D., Inc.

I have the right to revoke this consent, in writing, at any time, except to the extent that Jose M. Pavia, M.D., Inc. or Jose M. Pavia, M.D., Inc. 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 reasonable basis to believe the information may identify me.

I understand I have a right to review Jose M. Pavia, M.D., Inc. Notice of Privacy Practices prior to signing this document. The Jose M. Pavia, M.D., Inc. Notice of Privacy Practices has been provided for 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 Jose M. Pavia, M.D., Inc. The Notice of Privacy Practices for Jose M. Pavia, M.D., Inc. is also provided in the front office. The Notice of Privacy Practices also describes my rights and the Jose M. Pavia, M.D., Inc. duties with respect to my protected health information.

Jose M. Pavia, M.D., Inc. 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 and requesting a revised copy sent in the mail or asking for one at the time of my next appointment.

Signature

Date

Print Name

If not signed by the patient, please indicate relationship:

**Parent or guardian of minor patient
patient**

Guardian or conservator of an incompetent

Print Name of Patient and Date of Birth