

ADVANCED OBSTETRICS & GYNECOLOGY, L.L.C.
PATIENT CONSENT FORM

Patient Name: _____ DOB: ____ / ____ / ____

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by you of your *Notice Of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such *Notice of Privacy Practices* prior to signing this consent. I understand that Advanced Obstetrics & Gynecology, L.L.C. has the right to change its *Notice Of Privacy Practices* from time to time and that I may contact Advanced Obstetrics & Gynecology, L.L.C. at any time to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operation. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

Signature: _____

Relationship to Patient: _____ Date: ____ / ____ / ____

Advanced Obstetrics & Gynecology, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Language Assistance Available:

Español (Spanish) | 繁體中文 (Chinese) | Tiếng Việt (Vietnamese) | 한국어 (Korean) | हिंदी (Hindi)
اردو (Urdu) | Tagalog (Tagalog-Filipino) | Русский (Russian) | العربية (Arabic) | Kreyòl Ayisyen (Haitian Creole)
Français (French) | Polski (Polish) | Português (Portuguese) | Italiano (Italian) | ગુજરાતી (Gujarati)