

Minal Mehta, M.D. Phone: (714) 848-2383

Hind Al-Azawi M.D. Fax: (714) 848-4083

18111 Brookhurst street, Suite 4450, Fountain Valley, CA 92708

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**PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED**

**HEALTH INFORMATION**

With my consent, SoCal ObGyn may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to SoCal ObGyn’s Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. SoCal ObGyn reserves the right to revise it’s Notice of Privacy at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Privacy Office of SoCal ObGyn at 18111 Brookhurst Street, Suite 4450, Fountain Valley, CA 92708.

With my consent, SoCal ObGyn may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, SoCal ObGyn may mail to my home or other designated location any items that assist the practice in carrying out TPO such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

By signing this form, I am consenting to SoCal ObGyn’s use and disclosure of my PHI to carry out TPO

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, SoCal ObGyn may decline to provide treatment to me.

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Print Patient’s Name

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Signature of Patient or Legal Guardian Date

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Office Staff Signature Date