



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

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We have implemented all the HIPAA (Health Insurance Portability and Accountability Act) 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:

- Ongoing training for all our employees on our privacy policy and procedures, and
- Established safeguards to protect all electronically stored data.

Gastro Care Institute will only use your personal information for:

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

We do request your permission to:

- Have a sign-in sheet at the front desk, and
- 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 Gastro Care Institute has already acted in reliance thereon;
- To inspect and copy your medical information; and
- To get information about the disclosures we have made on your behalf.

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

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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) 529-7550 if you have any questions, concerns, or suggestions.

\_\_\_\_\_ Accepted      \_\_\_\_\_ Denied

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date



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