



PATIENT CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT OR HEALTHCARE OPERATIONS IN ACCORDANCE TO HIPAA

I, (patient/legal guardian) _____, understand that, Dr. PEJMAN KHARAZI, as my primary care provider originates and maintains all of my health records that includes diagnosis, care & treatment, test results, etc. I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many health professionals who contribute to my care
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third-party payer(s) can verify that services billed were actually provided
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand that I have the right to request restriction as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations

I understand that Dr. PEJMAN KHARAZI is not required to agree with the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me permitted by Section 164.520 of the Code of Federal Regulations.

I understand that as part of this organization's treatment, payment of healthcare operations, it may become necessary to disclose my protected health information to another entity (Insurance company, referring physician, consulting physician, hospital, etc). I consent to such disclosure for these permitted uses, including disclosure via fax or email.

In addition, I also give consent to Dr. PEJMAN KHARAZI to disclose my protected healthcare information to the following person and/or people:

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|------|--------------|--------------|
| Name | Relationship | Phone Number |
| | | |
| Name | Relationship | Phone Number |
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| Name | Relationship | Phone Number |
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Guardian Signature

Date: