DESERT MOUNTAIN OB/GYN, P.O.
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Desert Mountain OB/GYN
14220 Northsight Blvd #150
Scottsdale, AZ 85260

NOTICE OF PRIVACY POLICY FOR PROTECTED HEALTH INFORMATION

I hereby permit Desert Mountain OBGYN to use my health information, and/or to disclose my health information to any third party payer, and those entities that need my information to process health care claims and obtain payment for their services.

Entities such as Governmental Oversight agencies, Judicial and Administrative Proceedings, Law Enforcement Agencies, Coroners and Medical Examiners and Organ Procurement Organizations may obtain copies of my protected health Information. These Entities are mandated by Law and this practice has no Jurisdiction over such Entities.

I understand that there is a Notice of Privacy Practices posted in the practice reception area, available for me to read.

This permission shall be in force and effect as long as I am a patient of this practice.

I understand that I have the right to revoke this consent, in writing, at anytime by sending such written notification to my physician(s) at this practice.

I understand that information used or disclosed pursuant to this consent may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I also understand I have the right to:
* Inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access right.)

* Refuse to sign this consent._____initals

_____ _____
Signature of patient or personal representative Date

_____
Print name