Corben Optometry

Santa Clarita Medical Center
23206 Lyons avenue, suite 102
Newhall, California 91321
Corbenoptometry@gmail.com

Account No.: 115

CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

Permission to Use and Disclose My Health Information: By signing this form, I give Corben Optometry, inc permission to use and/or disclose my health information to provide treatment, obtain payment, and/or conduct health care operations.

Right to Refuse: I have the right not to sign this consent. If I refuse to sign this consent, Corben Optometry, inc has the right to refuse to treat me. However, treatment required by law –such as emergency care– can be provided to me whether or not I sign this consent.

Right to Review Notice of Privacy Practices: I have been provided with a copy of the Notice of Privacy Practices for Corben Optometry, inc which describes how Corben Optometry, inc may use and disclose my health information. I have the right to review this Notice before signing this consent.

Changes to the Notice of Privacy Practices: Corben Optometry, inc may change the Notice of Privacy Practices as needed. I may obtain a current copy of the Notice of Privacy Practices for Corben Optometry, inc by contacting Corben Optometry, inc.

Right to Request Restrictions on Use/Disclosure: I have the right to request that the usage of my protected health information by Corben Optometry, inc be restricted in how it is used and/or disclosed for the purpose of providing treatment, obtaining payment, and/or conducting health care operations. However, Corben Optometry, inc is not required to agree to any restriction that I request. If Corben Optometry, inc does decide to agree to my request, the use and/or disclosure of my health information by Corben Optometry, inc must be restricted as I requested. If I wish to request restrictions I can contact Corben Optometry, inc. Corben Optometry, inc will notify me on whether my restrictions have been accepted or declined.

Right to Withdraw Consent: I have the right to withdraw this consent at any time. I must do so in writing by contacting Corben Optometry, inc at 23206 Lyons Ave, Suite 102, Newhall, CA 91321. My withdrawal of this consent will not be effective for uses and/or disclosures that have already been made based on my prior consent. If I withdraw this consent, then Corben Optometry, inc may refuse to provide to me further treatment or follow-up, other than required emergency services.

Effective Period: This consent is good unless and until I withdraw it in writing.

References to "I" or "me": References to "I" or "me" in this Consent include the individual for whom the signing party is authorized to sign. If I am signing this consent on behalf of another person, it is because I am that person's parent, legal guardian, or agent under an active Power of Attorney for Health Care; and I am legally authorized to sign this Consent on behalf of that person.

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Signature of patient or authorized representative — Date

Name of Patient: Joshua Corben

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Authorized representative's name