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CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

I hereby acknowledge receipt of a written notice of my privacy rights and I consent to MARINERS PHYSICAL THERAPY using and disclosing my protected health information to carry out treatment payment, or health care operations.

I understand and have been provided with a *Notice of Privacy Practices* which provides a more complete description of how my protected health information may be used or disclosed. I

I understand that MARINERS PHYSICAL THERAPY reserves the right to change their notice and information practices and that I may obtain a copy the revised notice by written request address to LA KISHA VAUGHN, c/o MARINERS PHYSICAL THERAPY, 3200 BRISTOL #180, COSTA MESA, CA 92626.

I understand that I have the right to restrict how MARINERS PHYSICAL THERAPY uses or discloses my protected health information to carry out treatment, payment or health care operations that MARINERS PHYSICAL THERAPY is not required to agreed to the restrictions and that MARINERS PHYSICAL THERAPY is bound by restrictions to which it agrees.

I request the following restrictions to how my health information is used or disclosed:

I have the right to revoke this consent by notifying MARINERS PHYSICAL THERAPY in writing, except to the extent that MARINERS PHYSICAL THERAPY has taken action in reliance on my consent.

Signature of patient or patient's representative

Date

Printed name of patient or patient's representative

Relationship to patient or representative's authority to act for the patient