



## Consent for Purposes of Treatment, Payment & Healthcare Operations for Patients of Pearl Natural Health, Inc.

I consent to the use or disclosure of my protected health information by Pearl Natural Health, Inc. for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations. I understand that analysis, diagnosis or treatment of me by Pearl Natural Health, Inc. may be conditioned upon my consent as evidenced by my signature below.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Pearl Natural Health, Inc. is not required to agree to the restrictions that I may request. However, if Pearl Natural Health, Inc. agrees to a restriction that I request, the restriction is binding on Pearl Natural Health, Inc. I have the right to revoke this consent, in writing, at any time, except to the extent that Pearl Natural Health, Inc. has taken action in reliance on this Consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

Pearl Natural Health, Inc. uses Northwest Medical Consultants as its billing service; I understand this and do hereby give my consent to have my insurance information processed by this company.

I have been provided with a copy of the Notice of Privacy Practices of Pearl Natural Health, Inc. and understand that I have a right to read the Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Pearl Natural Health, Inc. The Notice of Privacy Practices for Pearl Natural Health, Inc. is also posted in the waiting room at 511 S.W. 10<sup>th</sup> Ave., Suite 801. This Notice of Privacy Practices also describes my rights and duties of Pearl Natural Health, Inc. with respect to my protected health information.

Pearl Natural Health, Inc. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office at Pearl Natural Health and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Date of Signing

\_\_\_\_\_  
Description of Personal Representative's Authority