

# **Mauricio A. Malo D.D.S.**

## **Consent for Purpose of Treatment and Healthcare Operation**

I consent to the use or disclosure of my protected health information by Mauricio A. Malo D.D.S. for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Mauricio A. Malo D.D.S. may be conditioned upon my consent as evidenced by my signature on this document.

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 health care operations of the practice.

Mauricio A. Malo D.D.S. is not required to agree to the restrictions that I may request. However, if Mauricio A. Malo D.D.S. agrees to a restriction that I request, the restriction is binding on Mauricio A. Malo D.D.S.

I have the right to revoke this consent, in writing, at any time, except to the extent that Mauricio A. Malo D.D.S. or Mauricio A. Malo D.D.S. 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 provider, a health plan, my employer or a health care clearing house. This protected health information relates to my past, present, or future physical or mental condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have the right to review Mauricio A. Malo D.D.S.'s notify of Privacy Practices prior to signing this document. The Mauricio A. Malo D.D.S. Notice of Privacy Practices has been provided to me. 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 Mauricio A. Malo D.D.S.. This Notice of Privacy Practices also describes my rights and Mauricio A. Malo D.D.S. duties with respect to my protected health information.

Mauricio A. Malo D.D.S. reserves the right to change the Privacy Practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of practices by calling the office, and request a revised copy be sent in the mail or asking for one at the time of next appointment.

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Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

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Name of Patient or Personal Representative

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Relationship to Patient