

# CONSENT FORM

## Richard A. Ridao, M.D., L.L.C.

Before using or disclosing your protected health information (PHI) to perform treatment, obtain payment, facilitate outside healthcare operations, or to talk with persons involved in your care, the office of Richard A. Ridao, M.D., L.L.C. is required by federal law to obtain your consent. Please review this consent form. If you agree with its terms, please sign and date below.

If you would like a more complete description of the permissible uses and disclosures of your protected health information (PHI), you have the right to review a Notice of Privacy Practices (the "Notice") before signing the consent.

By signing this consent, you agree that we may use or disclose your protected health information (PHI) to carry out treatment, payment, and healthcare operations, and to talk with persons involved in your care.

You have the right to request restrictions on how your protected health information is used or disclosed to carry out treatment, payment, or healthcare operations, or to talk with persons involved in your care. However, we are not obligated to agree to abide by such restrictions. If we do agree to a restriction that you request, such restriction will be binding.

You have the right to revoke this consent in writing, except to the extent that we have already taken action based on your previous consent(s).

I, \_\_\_\_\_ (name), hereby certify that I have read the provisions set forth in this consent form, and in the Notice of Privacy Practices (the "Notice"). I understand and agree to the terms of the "Notice". This consent form will be kept in the patient file and will remain in effect until its cancellation by written request.

Richard. A. Ridao, MD or his agents may also contact the private individuals(s) named below to discuss my healthcare:       Check here if "none"

Name	Relationship
Name	Relationship
Signature of patient or guardian	Date

### FOR OFFICE USE ONLY

We have provided the required information to the patient or their guardian. We were unable to get a signature for one of the following reasons:

- The patient refused to sign, or refused to read the Notice.
- The patient was unable to sign because of a medical emergency.

Signature / Name of office representative	Date
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