

# Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Helen Ye, MS, LAc for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Helen Ye. I understand that diagnosis or treatment of me by Helen Ye, MS, LAc 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 healthcare operations of the practice. Helen Ye, MS, LAc is not required to agree to the restrictions that I may request. However, if Helen Ye, MS, LAc agrees to a restriction that I request, the restriction is binding.

I have the right to revoke this consent, in writing, at any time, except to the extent that Helen Ye 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.

I understand I have a right to review Helen Ye's Notice of Privacy Practices prior to signing this document. Helen Ye'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 Helen Ye. The Notice of Privacy Practices for Helen Ye is also provided at 1445 Fillmore Street, San Francisco, California 94115. This Notice of Privacy Practices also describes my rights and Helen Ye's duties with respect to my protected health information.

Helen Ye 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 and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

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Signature of Patient or Personal Representative

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Name of Patient or Personal Representative

\_\_\_\_\_  
Date

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