

Monterey Bay GI Consultants Medical Group Inc.

Consent for Purposes of Treatment, Payment and Health Care Operations

I consent to the use or disclosure of my protected health information by **Monterey Bay GI Consultants Medical Group Inc.** for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Monterey Bay GI Consultants, Inc. I understand that any diagnosis or treatment of me by my attending physician 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. MONTEREY BAY GI CONSULTANTS MEDICAL GROUP is not required to agree to the restrictions that I may request. However, if MONTEREY BAY GI CONSULTANTS MEDICAL GROUP agrees to a restriction that I request, the restriction is binding on MONTEREY BAY GI CONSULTANTS MEDICAL GROUP and my attending physician.

I have the right to revoke this consent, in writing, at any time, except to the extent that my attending physician or MONTEREY BAY GI CONSULTANTS MEDICAL GROUP 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.

Notice of Privacy Practices

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 MONTEREY BAY GI CONSULTANTS MEDICAL GROUP. The Notice of Privacy Practices also describes my rights and the duties of my attending physician with respect to my protected health information.

An individual copy of the MONTEREY BAY GI CONSULTANTS MEDICAL GROUP Notice of Privacy Practices is available to anyone that requests a copy. MONTEREY BAY GI CONSULTANTS MEDICAL GROUP has also posted the Notice of Privacy Practices in each MONTEREY BAY GI CONSULTANTS MEDICAL GROUP reception room and on the MONTEREY BAY GI CONSULTANTS MEDICAL GROUP web site at www.montereygi.com .

Monterey Bay GI Consultants, Inc. . reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. If the notice is changed, I may obtain a revised notice of privacy practices by accessing the **Monterey Bay GI Consultants, Inc.**'s web site, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment. The MONTEREY BAY GI CONSULTANTS MEDICAL GROUP's Notice of Privacy Practice has been provided to me and I have been provided the opportunity to review the notice prior to signing this document.

Signature of Patient or Personal Representative Date

Name of Patient or Personal Representative Description of Personal Representative's Authority