



Patrick Gazzini, L.Ac.  
*Director*

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### **Consent for Purpose of Treatment, Payment and Health Care Operations**

I consent to the use or disclosure of my protected health information by Patrick Gazzini, L.Ac. for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct healthcare operations. I understand that diagnosis or treatment of me by Patrick Gazzini, L.Ac. maybe 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. Patrick Gazzini, L.Ac. , is not required to agree to the restriction that I may request. However, if Patrick Gazzini, L.Ac., agrees to a restriction that I request, the restriction is binding on Patrick Gazzini, L.Ac.

I have the right to revoke this consent, in writing, at any time, except to the extent that Patrick Gazzini, L.Ac., 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 acupuncturist, another health care 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 health or condition that identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Patrick Gazzini, L.Ac.'s, Notice of Privacy Practices prior to signing this document. The Notice of Privacy describes the types of uses and disclosures my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operation at Patrick Gazzini, L.Ac.'s, office. The Notice of Privacy Practices for Patrick Gazzini, L.Ac., is also provided at the front desk. This Notice of Privacy Practices also describes my rights and Patrick Gazzini, L.Ac.'s duties with respect to my protected health information.

Patrick Gazzini L.Ac., 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient or Personal Representative

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Description of Personal Representative's Authority