

MASSOUDI & JACKSON NEUROSURGICAL MEDICAL ASSOCIATES

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Massoudi & Jackson Neurosurgical Medical Associates may use and disclose protected healthcare information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Massoudi & Jackson Neurosurgical Medical Associates Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Massoudi & Jackson reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Massoudi & Jackson Neurosurgical Medical Associates 23961 Calle de la Magdalena, Suite 504, Laguna Hills, CA 92653.

With my consent, Massoudi & Jackson Neurosurgical Medical Associates may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as patient statements.

With my consent, Massoudi & Jackson Neurosurgical Medical Associates may call my home or any other designated location and leave a message on voicemail or in person in reference to any items that assist in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical treatment, including but not limited to: laboratory or radiological findings.

By signing this form, I am giving consent to Massoudi & Jackson Neurosurgical Medical Associates for the use and disclosure of my PHI to carry out treatment, payment and healthcare operations.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon this prior consent. Massoudi & Jackson Neurosurgical Medical Associates may decline treatment to me without this signed consent.

Signature of Patient

Date

Patient's Name