Bay Area Naturopathic Medicine, Inc.
2100 Curtner Ave., Suite G
San Jose, CA 95124
Tel: 408-963-6993 Fax: 408-963-6796
Tracy Chan, ND, L.Ac Kevan Q. Huynh, ND, L.Ac

Consent for Purposes of Treatment, Payment and Health Care Operations

I consent to the use or disclosure of my protected health information to Bay Area Naturopathic Medicine for the purpose of diagnosis or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations.

I understand that diagnosis or treatment of me by Bay Area Naturopathic Medicine 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. Bay Area Naturopathic Medicine is not required to agree to the restrictions that I may request.

I have the right to revoke this consent, in writing, at any time.

My "protected health information" means health information, including 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 and/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 the right to review Bay Area Naturopathic Medicine's Privacy Practices prior to signing this document.

Bay Area Naturopathic Medicine 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 Bay Area Naturopathic Medicine and requesting that a revised copy be sent or by requesting one at my next appointment.

_____ _____
Signature of Patient or Personal Representative Date

_____ _____
Name of Patient of Personal Representative Date

_____ _____
Description of Personal Representative's Authority Date