

# Maureen Alexander Acupuncture

*Healing through Traditional Chinese Medicine*

12927 Venice Blvd. Los Angeles, Ca 90066

## **Patient Consent for Use and Disclosure of Protected Health Information**

With my consent, Maureen Alexander Acupuncture may use and disclose protected information(PHI) about me to carry out treatment, payment and healthcare operations(TPO).

With my consent, Maureen Alexander Acupuncture may call the designated phone number I Put on my confidential form to leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, and any call pertaining to my clinical care.

With my consent, Maureen Alexander Acupuncture may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked personal and confidential..

With my consent, Maureen Alexander Acupuncture may email to me appointment reminder cards and patient statements. I have the right to request that Casa Dewey Acupuncture Clinic restrict how it uses or discloses my PHI to carry out TPO.

By signing this form, I am consenting Maureen Alexander Acupuntrure to use and disclose PHI to carry out TPO.

I may revoke my consent in writing to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Casa Dewey Acupuncture Clinic may decline to provide treatment to me.

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**Signature of Patient or Legal Guardian**

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**Print Name of Patient**

**Date**