



*Orthopaedic Medical Group of Riverside, Inc.
Corporate Office
6850 Brockton Avenue, Ste 212
Riverside, CA 92506*

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

I consent to the use or disclosure of my protected health information by Orthopaedic Medical Group of Riverside, Inc "OMG" for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of OMG. I understand that diagnosis or treatment of me by the providers of OMG 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 healthcare operations of the practice. OMG is not required to agree to the restrictions that I may request. However, if OMG agrees to a restriction that I request, the restriction is binding on OMG and their Providers.

I have the right to revoke this consent, in writing, at any time, except to the extent that OMG 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.

I understand I have a right to review Orthopaedic Medical Group of Riverside, Inc.'s Notice of Privacy Practices prior to signing this document. The OMG Notice of Privacy Practices has been provided to me. 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 of OMG. The Notice of Privacy Practices for OMG is also provided at each of the OMG locations and on OMG's website at OMGNET.COM. This Notice of Privacy also describes my rights and OMG's duties with respect to my protected health information.

OMG 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 accessing the OMG website, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

I have received and understand OMG Notice of Privacy Practices.

Signature of Patient or Personal Representative

Date

Printed Name of Patient

OMG Representative

Description of Personal Representative's Authority (i.e. parent, legal guardian, power of attorney)