



cayenne

wellness center and children's foundation

208 south louise street

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usa

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PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

PATIENT CONSENT

I hereby give my consent for Cayenne Wellness Center and Children's Foundation to use and disclose protected health information (PHI) about me to carry out treatment, payment, and health care operations (TPO). Cayenne Wellness Center and Children's Foundation's Notice of Privacy Practices provides 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.
- Cayenne Wellness Center and Children's Foundation reserves the right to revise its Notice of Privacy Practice at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to: Executive Director • Cayenne Wellness Center and Children's Foundation • P.O. Box 3204 • Beverly Hills, CA 90212.
- With this consent, Cayenne Wellness Center and Children's Foundation may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, and any calls pertaining to my clinical care.
- With this consent, Cayenne Wellness Center and Children's Foundation, may mail to my home or other alternative 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 this consent, Cayenne Wellness Center and Children's Foundation may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.
- I have the right to request that Cayenne Wellness Center and Children's Foundation restrict how it uses or discloses my PHI to carry out TPO.

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

Patient's signature

Date

Patient's signature

Date