



PATIENT AGREEMENT TO USE AND DISCLOSURE OF INFORMATION

I hereby consent LaFace by Laura Phan MD Inc to the use or disclosure of my individually identifiable health information in order to carry out treatment, payment, or health care operations. I have the right to review the practice's Notice of Privacy Practices prior to signing this consent form. (Please refer to LaFace by Laura Phan MD Inc's Notices of Privacy Practices for a more complete description of such uses and disclosures.) LaFace by Laura Phan MD Inc reserves for itself the right to change the terms of its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to LaFace by Laura Phan MD Inc, 20398 Blauer Drive, Saratoga, CA 95070 or by downloading an electronic version at lauraphanmd.com.

I hereby consent LaFace by Laura Phan MD Inc to call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out treatment, payment, or health care operations, such as appointment reminders, insurance items, and any calls pertaining to my clinical care.

I hereby consent LaFace by Laura Phan MD Inc to mail to my home or other designated location any items that assist the practice in carrying out treatment, payment, or health care operations, such as appointment reminders and patient statements.

I hereby consent LaFace by Laura Phan MD Inc to email to my home or other designated location any items that assist the practice in carrying out treatment, payment, or health care operations, such as appointment reminders and patient statements.

I have the right to request that LaFace by Laura Phan MD Inc further restrict how my individual identifiable health information is used or disclosed to carry out treatment, payment, or health care operations. However, LaFace by Laura Phan MD Inc is not required to agree to such requested restrictions. If LaFace by Laura Phan MD Inc does agree to my requested restriction(s), such restrictions are then binding.

I have the right to revoke this Consent in writing at any time, except to the extent that LaFace by Laura Phan MD Inc has already taken action in reliance upon prior consent. LaFace by Laura Phan MD Inc may decline treatment if I do not sign this Consent Form, except to the extent that LaFace by Laura Phan MD Inc is required by law to treat individuals. If I sign this Consent and then revoke the Consent, LaFace by Laura Phan MD Inc has the right to decline to provide further treatment to me as of the time of revocation.

Notice to Patients: Regulations require us to inform you that California "Medical Doctors are licensed and regulated by the Medical Board of California." Medical Board contacts: (800) 633-2311. www.mbc.ca.gov.

I HAVE READ AND UNDERSTAND THIS INFORMATION AND CONSENT TO THE ABOVE STATED TERMS.

Patient's (or Legal Guardian's) Signature

Date

Print Name