



Eric G. Levy Medical Corporation

Family Medicine

Phone (805) 922-2119 Fax (805) 349-8283

Consent for Treatment and Release of Information

I authorize Eric G. Levy Medical Corporation and staff to perform medical treatment. I consent to Eric G. Levy Medical Corporation's use and disclosure of all individually identifiable personal health, financial and demographic information known as **Protected Health Information** or **PHI** for the purposes of:

- Providing medical treatment.
- Obtaining payment and reimbursement.
- Requesting healthcare services from other providers.
- Cooperating with other providers in my medical treatment.
- And doing all other things directly related to providing healthcare to me.

The above purposes and all other uses are known collectively as **Treatment, Payment and Other** or **TPO**. I have been given the opportunity to review and agree with the terms and conditions of Eric G. Levy Medical Corporation's **Notice of Privacy Practices**. Eric G. Levy Medical Corporation reserves the right to change these practices as needed. The most recent version of our Notice of Privacy Practices is available on our website as well as in our office waiting room.

I understand my rights to restrict the use and disclosure of PHI when used to carry out TPO and that Eric G. Levy Medical Corporation is not required to agree to any requested restrictions. Eric G. Levy Medical Corporation is bound by any restrictions I request, and they agree to. **Only an officer of the practice may agree to restrict the use of PHI or change how PHI is normally used to carry out TPO.** I understand that I may revoke this consent at any time and that the revocation will not impact PHI used for TPO already undertaken.

I understand that should I choose not to consent to the terms and conditions of Eric G. Levy Medical Corporations's patient Notice of Privacy Practices or restrict the use of my PHI to the extent it hampers TPO, the practice has the right to withhold treatment except where required by law.

I AUTHORIZE any other physician or healthcare facility to provide, upon request, any PHI to Eric G. Levy Medical Corporation when needed for the purposes of TPO.

Family Members that you allow to receive any of your PHI:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Patient Signature

Date

Print Name

1505 Shepard Drive, Suite 106
Santa Maria, CA, 93454

www.ericlevymd.com

