

SANTA BARBARA
GASTROENTEROLOGY CONSULTANTS
MEDICAL GROUP
2403 CASTILLO STREET, SUITE 201
SANTA BARBARA, CA. 93105

Consent for the Use or Disclosure of Protected Health Information

As required by the Health Insurance Portability and Accountability Act of 1996 Santa Barbara Gastroenterology Consultants Medical Group may use your personal health information for the purposes of treatment, payment or health care operations. The specific uses and disclosures that we intend to make are described in our Notice of Privacy Practices. You have the right to review the Notice of Privacy Practices prior to signing this consent form. You may request restrictions on the uses and disclosures described in the Notice of Privacy Practices by describing the requested restrictions in the "restriction request" section of this form. You may revoke this consent at any time by signing and dating the revocation section on your copy of the form and returning it to this office.

CONSENT SECTION

I hereby consent to the use and disclosure of my personal health information for the purposes of treatment, payment and health care operations. My signature below indicates that I have been given an opportunity to read Santa Barbara Gastroenterology Consultants Medical Group's Notice of Information Practices and to have any questions answered before signing.

I understand that I may request restrictions on the uses and disclosures of my health information at any time by completing and signing the restriction request section of this form. I further understand that Santa Barbara Gastroenterology Consultants Medical Group is not required to accept my restriction request.

I understand that I may revoke this consent at any time by signing the revocation section of my copy of this form and returning it to 2403 Castillo St. #201, Santa Barbara, Ca. 93105. I further understand that any such a revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on this consent.

Signature

Date

(print name)