

Acknowledgement of Receipt of Notice

Gary M. Annunziata, D.O., F.A.C.P.

Anh T. Duong, M.D.

Jonathan C. Lin, M.D, MPH

Natalie Sloan, FNP-C.

35900 Bob Hope Dr., Ste. 275

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PH 760-321-2500 FX 760-321-5720

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices.

** Signature: _____ ** Date: _____

Print Name: _____

If not signed by the patient, please indicate.

- Relationship:
- Parent or guardian of minor patient
 - Guardian or conservator of an incompetent patient
 - Beneficiary or personal representative of deceased patient

Name of Patient: _____

I authorize the following persons to have knowledge and access to my medical records.

1. _____ relationship _____

2. _____ relationship _____

3. _____ relationship _____

** Signature: _____ Date: _____

For office use only:

Signed form received by: _____

Consent for Purposes of Treatment, Payment and Health Care Operations

I consent to the use or disclosure of my protected health information by **Gary M. Annunziata, D.O., F.A.C.P./ Anh T. Duong, M.D./ Jonathan C. Lin, M.D., MPH / Natalie Sloan, FNP-C** for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of **Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D./ Jonathan C. Lin, M.D., MPH / Natalie Sloan, FNP-C**.

I understand that diagnosis or treatment of me by **Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D. / Jonathan C. Lin, M.D., MPH / Natalie Sloan, FNP-C** 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 health care operations of the practice. **Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D./ Jonathan C. Lin, M.D., MPH / Natalie Sloan, FNP-C** is not required to agree to the restrictions that may request however, if **Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D. / Jonathan C. Lin, M.D., MPH / Natalie Sloan, FNP-C** agrees to a restriction that I request, the restriction is binding on **Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D. / Jonathan C. Lin, M.D., MPH. / Natalie Sloan, FNP-C**.

I have the right to revoke this consent, in writing, at anytime, except to the extent that **Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D. / Jonathan C. Lin, M.D., MPH / Natalie Sloan, FNP-C** 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 **Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D. / Jonathan C. Lin, M.D., MPH / Natalie Sloan, FNP-C** Notice of Privacy Practices prior to signing this document.

The **Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D. / Jonathan C. Lin, M.D. MPH / Natalie Sloan, FNP-C** 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 the **Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D. / Jonathan C. Lin, M.D., MPH / Natalie Sloan, FNP-C**.

The Notice of Privacy Practices for **Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D. / Jonathan C. Lin, M.D., MPH / Natalie Sloan, FNP-C**. is also posted on the wall in the break room.

This Notice of Privacy Practices also describes my rights and the duties of **Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D. / Jonathan C. Lin, M.D., MPH / Natalie Sloan, FNP-C** with respect to my protected health information.

Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D. / Jonathan C. Lin, M.D., MPH / Natalie Sloan, FNP-C 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 **Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D./ Jonathan C. Lin, M.D., MPH / Natalie Sloan, FNP-C** by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority