

Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Thomas B. McNemar, M.D for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Thomas B. McNemar, M.D. I understand that diagnosis or treatment to me by Dr. Thomas B. McNemar 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 healthcare operations of the practice. Thomas B. McNemar, M.D. is not required to agree to the restrictions that I may request. However, if Thomas B. McNemar, M.D. Agrees to a restriction that I request, the restriction is binding.

I have the right to revoke this consent, in writing, at any time, except to the extent that Dr. Thomas B. McNemar 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 healthcare provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present and future physical or mental health or condition and identifies to me, or there is a reasonable basis to believe the information may identify me.

I understand I have the right to review Thomas B. McNemar, M.D.' Notice of Privacy Practices prior to signing this document. 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 Thomas B. McNemar, M.D. The Notice of Privacy Practices for Thomas B. McNemar, M.D. is also provided at 467 W. Eaton Ave. Tracy CA 95376 and/or 5201 Norris Canyon Rd. Suite 120, San Ramon, CA 94583 and on our website www.mcnemarcosmeticsurgery.com This Notice of Privacy Practice also describes my rights and the duties of Thomas B. McNemar, M.D. With respect to my protected health information.

Thomas B. McNemar, M.D. 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 website, calling the office and requesting a revised copy to be sent in the mail or asking for one at the time of my next appointment.

X_____ Date: _____
Signature of Patient or Personal Representative

X_____ Personal Representative Auth
Print Name of Patient or Personal Representative