



Redlands Family Practice Medical Group, Inc.
A PrimeCare Provider

PRIVACY CONSENT AND ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Redlands Family Practice Notice of Privacy Practices provides information about how we may use and disclose Protected Health Information (PHI) about you. By signing this consent, you acknowledge the receipt of our Notice of Privacy Practices. As provided in the notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by calling our privacy Officer at (909) 798-7766.

You have the right to request that we restrict how PHI about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to Redlands Family Physicians use and disclosure of PHI about you for treatment, payment, and health care operations. This includes the release of medical information requested by insurance companies with whom you have coverage or any public agency and its agents to determine benefits for services provided or benefits for related services. You have the right to revoke this consent, in writing except where we have already made disclosure in reliance on your prior consent.

Patient Name: _____

Date: _____

Patient / Guardian Signature: _____