Michael S. Duffy, Sr, DO, INC
1501 5th Avenue Suite 100
San Diego, California 92101
Phone: (619) 647-5072 Fax: (619) 461-5663

Consent to use and disclose your health information

This form is an agreement between you, _____ and me, Michael S. Duffy, Sr, DO, INC. When we used the word "you" below it can mean you, your child, a relative, or other person if you have written his or her name here. _____

When we examine test, diagnose, treat or refer you. We will be collecting what the law calls Protect Healthcare information (OHI) about you. We need to use this information here to decide on what treatment is best for you and to provide treatment to you. We may also share this information with others who provide treatment to you or need it to arrange payment for your treatment of other business or governmental functions.

By signing this form, you are agreeing to let us use your information here and send it to others. The Notice of Privacy Practices explains in more detail your rights and how we can use and share your information. **Please read this before you sign this consent form.**

If you do not sign this consent form agreeing to what is in our Notice of Privacy Practices, we cannot treat you. In the future we may change how we uses and share your information and so may change our Notice of Privacy Practices. If we do change it you can call us at 619-647-5072.

If you are concerned about some of your information you have the right to ask us not to use or share some of your information for treatment payment or administrative purposes. You will have to tell us what you want in writing. Although we will try to respect your wishes we are not required to agree to these limitations. However if we do agree we promise to do as you ask.

After you have signed this consent you have the right to revoke (in writing) and we will comply with your wishes about using or sharing your information from that time on, but we may already have used or shared some of your information and cannot change that.

_____ _____

Signature of patient or his/her person representative Date

_____

Print Name of Client or personal representative

_____

Description of personal representative's authority

_____

Signature of authorized representative from Michael S. Duffy, Sr, DO, INC