



HIPAA PRIVACY NOTICE CONSENT FORM

I understand and have been provided with Gentle Birth Option's, LLC Notice of Privacy Practices that provides a more complete description of information uses and disclosures. GBO reserves the right to make changes to their Privacy Notice and revised copies are available. By signing this form I acknowledge that I have been afforded the opportunity to consider GBO's Notice of Privacy Practices prior to signing this consent and making healthcare decisions.

I hereby give my consent for the office of Gentle Birth Options, LLC to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (The office's Notice of Privacy Practices provides a more complete description of such uses and disclosures.)

With this consent, the office GBO may *mail* to my home or other alternative location any items that assist the practice in carrying out TPO, such as clinical notification letters and patient statements.

With this consent, the office of GBO may *email* to my home or other alternative location any items that assist the practice in carrying out TPO, such as clinical information and patient statements.

I have the right to request that GBO restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

I also understand and agree to have **my digital photo** identification taken as part of my electronic health records.

I authorize GBO to release medical and financial information, including any or all reports, records, bill for services rendered or opinions found in my medical chart, with respect to treatment to any alternative healthcare giver.

GBO maintains patient medical records on paper, on microfilm and/or electronic media, which may be accessible to any physician or healthcare provider participating in my current or future care. Medical records are disclosed according to applicable Florida State and Federal laws, and the provisions of this consent.

By signing this form, I am consenting to the office GBO's use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, the office of GBO may decline to provide treatment to me.

Client's Signature

Date