

Phuong T. Nguyen, MD

Obstetrics & Gynecology

**PATIENT CONSENT FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION (PIH)**

With my consent, Dr. Phuong Nguyen may use and disclose protected health information (PIH) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Dr. Nguyen's **Notice of Privacy Practices** for a more complete description of such uses and disclosures. Dr. Nguyen's Notice of Privacy Practices is available on www.southbayob.com.

I have the right to review Dr. Nguyen's Notice of Privacy Practices prior to signing this consent. Dr. Nguyen reserves the right to revise her Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Dr. Phuong Nguyen at 4585 Stevens Creek Blvd, Ste 110, Santa Clara, CA 95051.

With my consent, Dr. Phuong Nguyen or her staff may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Dr. Phuong Nguyen may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

By signing this form, I am consenting to Dr. Nguyen'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, Dr. Nguyen may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Print Name of Patient or Legal Guardian

Date