

Consent for Purposes of Treatment, Payment and Healthcare Operation

I consent to the use or disclosure of my protected health information by Robert A. Gatlin, 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 Nevada Women's Care I understand that diagnosis or treatment of me by Robert A. Gatlin, M.D. 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 Nevada Women's Care, Robert A. Gatlin, M.D. is not required to agree to the restrictions that I may request. However if Robert A. Gatlin, M.D. agrees to a restriction that I request the restriction is binding on Robert A. Gatlin, M.D.

I have the right to revoke this consent, in writing, at any time, except to the extent that Robert A. Gatlin, M.D. 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 or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Nevada Women's Care Notice of Privacy Practices prior to signing this document. The Nevada Women's Care Notice of Privacy Practices has been provided to me. 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 for Nevada Women's Care. The Notice of Privacy Practices for Nevada Women's Care is also provided in the lobby for review. This Notice of Privacy Practices also describes my rights and the duties of Nevada Women's Care with respect to my protected health information.

Nevada Women's Care 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 calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Guardian/Personal Representative

Date

Printed Name of Patient or Guardian/Personal Representative

Date

REVISED September, 2007