



DR. DAVID C. STEGE

DIPLOMATE AMERICAN BOARD OF PODIATRIC SURGERY

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Podiatric Surgical Group**

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PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, South Orange County Podiatric Surgical Group (SOCPSG), may use and disclose protected health information (PHI) about me to carry out treatment, payment and health-care operations (TPO). I have the right to review the Notice of Privacy Practices prior to signing this consent. SOCPSG reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request. With my consent, SOCPSG 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, SOCPSG 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. With my consent, SOCPSG may e-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. I have the right to request that SOCPSG 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. By signing this form, I am consenting to South Orange County Podiatric Surgical Group'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, South Orange County Podiatric Surgical Group may decline to provide treatment to me.

Patient's Name Printed

Legal Guardian Printed

Signature
Patient or Legal Guardian

Date