

**Creation's Own Corp.®**

Jeff Bradstreet, MD, MD(H), FAAFP • Dan Rossignol, MD, FAAFP • Scott Smith, PA

**Patient Consent for Use and Disclosure of Protected Health Information**

I hereby give my consent for Creation's Own Corp. to use and disclose my protected health information (PHI) to carry out treatment, payment and healthcare operations (TPO). I have received a copy of Notice of Privacy Practices prior to signing this consent. Creation's Own Corp. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to **Creation's Own Corp. Privacy Officer at 3800 W. Eau Gallie Blvd., Suite 105, Melbourne, FL 32934.**

With this consent, Creation's Own Corp. may call my home or other alternative 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 calls pertaining to my clinical care, including laboratory results among others.

With this consent, Creation's Own Corp. may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements, as long as they are marked Personal and Confidential.

With this consent, Creation's Own Corp. may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as reminder cards and patient statements I have the right to request that Creation's Own Corp. 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 that I received this form, I am consenting to Creation's Own Corp.'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, Creation's Own Corp. may decline to provide treatment to me.

**If patient is less than 18 years of age, or can't legally sign for himself/herself, his/her parent's or legal guardian's signature is required.**

\_\_\_\_\_  
Patient's Name (Printed)

\_\_\_\_\_  
Signature (of Parent or Legal Guardian for Minors)

\_\_\_\_\_  
Parent or Legal Guardian Name (Printed)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

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**California**  
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