



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

I hereby give my consent for Canyon Ridge Pain & Spine to use and disclose protected health information (PHI) about me to carry out treatment, payment and treatment plan options (TPO).

*(The Notice of Privacy Practices provided by Canyon Ridge Pain & Spine describes such uses and disclosures more completely)*

I have the right to review the Notice of Privacy Practices prior to signing this consent. Canyon Ridge Pain & Spine reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by request.

With this consent, Canyon Ridge Pain & Spine may call my home or other alternative location and leave a message on voice mail or mail to my home or other alternative location 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 test results, among others.

By signing this form, I am consenting to allow Canyon Ridge Pain & Spine to use and disclose 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, Canyon Ridge Pain & Spine may decline to provide treatment to me.

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**Signature of Patient or Legal Guardian**

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**Print Patient's Name**

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**Date**

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**Print name of Legal Guardian, if applicable**