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**HIPAA NOTICE OF PRIVACY PRATICE  
CONSENT FOR PURPOSES OF TREATMENT, PRIVACY, PAYMENT AND  
HEALTH CARE OPERATIONS**

I, \_\_\_\_\_ consent to the use of my protected health information by SOMA MEDICAL CENTER, PA

For the purposes of diagnosing of providing treatment to me, obtaining payment for my healthcare bills or to conduct health care operations of soma medical center.PA. I understand that diagnosis or treatment of me BY SOMA MEDICAL CENTER, PA may be conditioned upon my consent as evidence by my signature on this document.

I understand I have the right to request a restriction as how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Soma Medical Center.PA is not required to agree to the restrictions that I may request. However, if Soma medical Center, PA, agree to the restrictions that I may request, the restrictions is binding in Soma Medical Center, PA. I have the right to revoke this consent in writing at any time, except to the extent that Soma Medical Center, PA, or Soma Medical Center, PA has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created for my physician, another health care 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 reasonable basis top believe the information may identify me.

I understand I have the right to review Soma Medical Center, PA's NOTICE OF PRIVACY PRACTICES prior to signing this document. The Soma Medical Center's 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 performance of health care operations of the Soma Medical Center, PA. The notice of privacy practices for Soma Medical Center, PA, is also posted at front desk office. This Notice of Privacy Practices also describes my rights and the Soma Medical Center, PA, with respect to my protected health information. Soma Medical Center, PA, reserves the right to change privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling Soma Medical Center, PA, and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

\_\_\_\_\_  
Signature of Practice Representative

\_\_\_\_\_  
Description of Personal Representative

\_\_\_\_\_  
Date.