



California Vascular & Vein Center
HIPAA Notice of Privacy Practices 3 of 3

**Notice of Written Consent/Authorization
 Verbal/Written Disclosure of Protected Health Information**

I hereby give consent /authorization to California Vascular & Vein Center
 To release either verbally/in-writing Personal Health Information (**PHI**) including all
 other medical information with regard to my care and treatment to the following
 individuals:

1. _____

Name	Relationship	Restrictions
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2. _____

Name	Relationship	Restrictions
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3. _____

Name	Relationship	Restrictions
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4. _____

Name	Relationship	Restrictions
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As the undersigned, I fully understand this document makes null/void any prior copies as
 consent/authorization for disclosure of my protected health information (**PHI**).

 Patient Name – **PRINTED**

DATE

 Patient Name – **SIGNATURE**

 Witness – (Initials) CVVC Representative

This notice was published and became effective on or before **April 14, 2003**.
 Rev (1) **May 17, 2010**

You may revoke this authorization, at any time, in writing, except to the extent that your
 physician’s practice has taken an action in reliance on the use or disclosure indicated in
 the authorization.