



**Consent for Use and Disclosure of Health Information for Purposes of  
Treatment, Payment and Health Care Operation  
& Practitioners Scope of Practice**

I, as signed below, consent to the use or disclosure of my identifiable health information by Wellness Garden for the purposes of diagnosis or providing treatment to, obtaining payment for my health care bills or to conduct health care operations. I understand that diagnosis or treatment of me at Wellness Garden may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my identifiable health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Wellness Garden is not required to agree to the restrictions that I may request. However, if Wellness Garden agrees to a restriction that I request, the restriction is binding upon Wellness Garden.

I have the right to revoke this consent, in writing, at any time except to the extent that Wellness Garden has taken action in reliance on this consent. My identifiable health information means health information, including my demographic information, collected from me and created or received by my practitioner, another health care provider, a health plan, my employer or a health care clearinghouse. This identifiable health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have the right to review Wellness Garden's Notice of Privacy Practices and Scope of Practice Notification prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my identifiable health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Wellness Garden. The Scope of Practice Notification describes the practitioners training and scope of practice. The Notice of Privacy Practices and Scope of Practice Notification is also provided at the front desk and on the organization's web site at [www.wellness-garden.org](http://www.wellness-garden.org). This Notice of Privacy Practices also describes my rights and the duties of my practitioners and Wellness Garden with respect to my identifiable health information.

Wellness Garden reserves the right to change information contained in the Notice of Privacy Practices at any time. I may obtain a revised Notice of Privacy Practices by accessing the website or requesting the most current notice during any office visit.

\_\_\_\_\_  
Signature of Patient or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Relationship (if Patient is a Minor  
or in the event you are the Patient's Authorized Representative)