

Mona Bhalla, ND, LLC  
443 NE Knott St  
Portland, OR 97212

## **Consent for Purposes of Treatment and Healthcare Operations for Patients of Mona Bhalla, ND, LLC.**

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Naturopathic Medical Consent: I consent to the use or disclosure of my protected health information by Mona Bhalla, ND, LLC for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Mona Bhalla, ND, LLC. I understand that diagnosis or treatment of me by my physician at Mona Bhalla, ND, LLC may be conditioned upon my consent as evidenced by my signature of this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Mona Bhalla, ND, LLC is not required to agree to the restrictions that I may request. However, if Mona Bhalla, ND, LLC agrees to the restrictions that I request, the restriction is binding on Mona Bhalla, ND, LLC and my physician at Mona Bhalla, ND, LLC.

I have the right to revoke this consent in writing, at any time, except to the extent that my physician at Mona Bhalla, ND or Mona Bhalla, ND, LLC has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by 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 a reasonable basis to believe the information may identify me.

I understand I have a right to review Mona Bhalla, ND, LLC's Notice of Privacy Practices prior to signing this document. Mona Bhalla, ND, LLC'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 the performance of health care operations of Mona Bhalla, ND, LLC. This Notice of Privacy Practices also describes my rights and Mona Bhalla, ND, LLC's duties with respect to my protected health information.

Mona Bhalla, ND, LLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent to me by mail or asking for one at the time of my next appointment.

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Signature of Patient or Personal Representative

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Date

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Name of Patient or Personal Representative

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Description of Personal Representative's Authority