



Temecula Pain Management  
 25495 Medical Center Dr. Suite 102  
 Murrieta, CA, 92562  
 Tel: 951-506-9536 Fax: 951-693-4631  
[www.temeculapain.com](http://www.temeculapain.com)

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

### Purpose and Scope

I hereby consent to the use and disclosure of my Protected Health Information (PHI) by Temecula Pain Management for purposes of treatment, payment, and healthcare operations (TPO) as defined under federal and state law. This includes information related to my diagnosis, treatments, prescriptions, and billing details.

### Use and Disclosure of PHI

- For Treatment:** PHI may be shared with healthcare providers and medical staff involved in my care to coordinate and deliver necessary services. Examples include consulting with other physicians, ordering tests, and arranging referrals.
- For Payment:** Information needed to secure payment from health insurance plans may be shared, including descriptions of my medical condition, treatment provided, and insurance information.
- Special Uses:** Temecula Pain Management may use PHI to check on my condition, provide appointment reminders, or notify me of other treatment options.

### Your Rights and Limitations

- Request for Limited Use:** I have the right to request limitations on how my PHI is used or disclosed; however, Temecula Pain Management may not be obligated to agree to these restrictions.
- Confidential Communication:** I may request communications from Temecula Pain Management to a specified address, phone number, or email.
- Right to Inspect and Amend:** I can inspect and request amendments to my medical record. Requests should be made in writing, and Temecula Pain Management may deny requests if disclosure could result in harm.
- Disclosure Accounting:** I may request an accounting of certain disclosures made of my PHI beyond TPO purposes.

### Special Conditions on PHI Disclosure

In certain cases, Temecula Pain Management may disclose PHI without my authorization, including:

- Legal Requirements:** Such as responding to court orders, public health matters, and mandatory reporting (e.g., abuse, neglect).
- Medical Emergencies:** When unable to provide consent due to incapacity.
- Public Safety:** When required to report specific circumstances to law enforcement or for public health.
- Research and Public Health:** PHI may be used if specific privacy assurances are in place.

### Revocation of Consent

I may revoke this consent in writing at any time except where disclosures have already been made based on prior consent.

### Filing a Complaint

If I believe my privacy rights have been violated, I may file a complaint with Temecula Pain Management at (951) 506-9536 or with the Secretary of Health and Human Services. Filing a complaint will not affect my care.

### Acknowledgment and Signature

By signing below, I acknowledge that I have read and understood this consent, and I agree to the terms set forth regarding the use and disclosure of my PHI.

\_\_\_\_\_  
 Patient Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature