

**Michelle J. Place, MD**  
**919 San Ramon Valley Blvd, Suite 255**  
**Danville, CA 94526**

**CONSENT FOR PATIENT PRIVACY**

The office of Michelle J. Place, MD consents to protecting your privacy by keeping all your health care information confidential.

**I consent to Michelle J. Place, MD and all furnishing care providers furnishing care within the office of Michelle J. Place, MD. to protect my health care information. Furthermore, I consent to the disclosure of my protected health information for the purposes of treatment, payment and health care operations to facilities such as laboratories, hospitals etc.**

You may cancel this consent at any time. Your cancellation must be in writing, signed by you or on your behalf, and delivered to the below mentioned address. This may be delivered in person or by mail, but it will be only be effective when we actually receive it. Your cancellation will not be effective to the extent that we or others have acted in reliance upon this consent.

You have the right to request restriction on the usage and disclosure of your protected health information for the purposes of treatment, payment or health care operations. We are not required to grant your request, however, if we do, the restriction will be obligatory to us.

Our Posted Privacy Policy provides more detailed information about the usage and disclosure of your protected health information. You have the right to review our Posted Privacy Policy before you sign this consent. We reserve the right to amend the terms of our Posted Privacy Policy. You may obtain a copy of the current policy by calling our office.

**Patient Name:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you are signing as the patient's representative:**

Full Name \_\_\_\_\_ Signature: \_\_\_\_\_