

WEST KENDALL OBGYN

Alberto Sirven MD FACOG
Patricia Perfetto MD FACOG
Claudio Diaz-Socarras MD
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Edilia Pando ARNP
Maggier Quinoa ARNP

CONSENT FOR PURPOSE OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

I consent the use or disclosure of my protected health information by Alberto Sirven MD, Julio E. Arronte MD, Patricia Perfetto MD, Claudio Diaz-Socarras MD, Julio Somoano MD, Mabel Marotta MD, Edilia Pando ARNP, Naviuska Chirino ARNP & Maggier Quinoa ARNP, for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Alberto Sirven MD, Julio E. Arronte MD, Patricia Perfetto MD, Claudio Diaz-Socarras MD, Julio Somoano MD, Mabel Marotta MD, Edilia Pando ARNP, Naviuska Chirino ARNP & Maggier Quinoa ARNP, understand that diagnosis or treatment of me by Alberto Sirven MD, Julio E. Arronte MD, Patricia Perfetto MD, Claudio Diaz-Socarras MD, Julio Somoano MD, Mabel Marotta MD, Edilia Pando ARNP, Naviuska Chirino ARNP & Maggier Quinoa ARNP, 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 protected health information is used or disclosed to carry out treatment, payment, or healthcare operations of the practice. Alberto Sirven MD, Julio E. Arronte MD, Patricia Perfetto MD, Claudio Diaz-Socarras MD, Julio Somoano MD, Mabel Marotta MD, Edilia Pando ARNP, Naviuska Chirino ARNP & Maggier Quinoa ARNP, is not required to agree to the restrictions that I Request. However, if Alberto Sirven MD, Julio E. Arronte MD, Patricia Perfetto MD, Claudio Diaz-Socarras MD, Julio Somoano MD, Mabel Marotta MD, Edilia Pando ARNP, Naviuska Chirino ARNP & Maggier Quinoa ARNP, agree to the restrictions that I have requested, the restriction is binding on Alberto Sirven MD, Julio E. Arronte MD, Patricia Perfetto MD, Claudio Diaz-Socarras MD, Julio Somoano MD, Mabel Marotta MD, Edilia Pando ARNP, Naviuska Chirino ARNP & Maggier Quinoa ARNP.

I have the right to revoke this consent, in writing at any time, except to the extent that Alberto Sirven MD, Julio E. Arronte MD, Patricia Perfetto MD, Claudio Diaz-Socarras MD, Julio Somoano MD, Mabel Marotta MD, Edilia Pando ARNP, Naviuska Chirino ARNP & Maggier Quinoa ARNP, has taken action in reliance on this consent.

I understand that I have the right to review Alberto Sirven MD, Julio E. Arronte MD, Patricia Perfetto MD, Claudio Diaz-Socarras MD, Julio Somoano MD, Mabel Marotta MD, Edilia Pando ARNP, Naviuska Chirino ARNP & Maggier Quinoa ARNP, notice of privacy practices prior to signing this document. The Alberto Sirven MD, Julio E. Arronte MD, Patricia Perfetto MD, Claudio Diaz-Socarras MD, Julio Somoano MD, Mabel Marotta MD, Edilia Pando ARNP, Naviuska Chirino ARNP & Maggier Quinoa ARNP, notice of privacy practices has been provided to me. The notice of privacy describes the types of uses and disclosure of my protected health information that will occur in my treatment, payments of my bills or in the performance of health care operations of notices of privacy practices also describes my rights and the Alberto Sirven MD, Julio E. Arronte MD, Patricia Perfetto MD, Claudio Diaz-Socarras MD, Julio Somoano MD, Mabel Marotta MD, Edilia Pando ARNP, Naviuska Chirino ARNP & Maggier Quinoa ARNP, duties with respect to my protected information.

Alberto Sirven MD, Julio E. Arronte MD, Patricia Perfetto MD, Claudio Diaz-Socarras MD, Julio Somoano MD, Mabel Marotta MD, Edilia Pando ARNP, Naviuska Chirino ARNP & Maggier Quinoa ARNP, reserves the right to change the privacy that is described in the notice of privacy. I may obtain a revised noticed of privacy practice by calling the office and requesting a revised copy be send in the mail or asking for one at the time of my next appointment.

Signature of patient

Name of patient or personal representative

Date