

# David J. Yanase, M.D.

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

With my consent, David J. Yanase, M.D. may use and disclose health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to David J. Yanase, M.D. Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. David J. Yanase, M.D. reserves the right to revise its Notice of Privacy Practices at anytime.

With my consent, David J. Yanase, M.D. may call my home or other designated location and leave a message on voice mail or in person in reference to any terms that assist the practice in carrying out TPO such as appointments reminders, insurance items and any call pertaining to my clinical care.

With my consent, David J. Yanase, M.D. may mail to my home or fax to my or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

By signing this form, I am consenting to David J. Yanase, M.D. use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, David J. Yanase, M.D. may decline to provide treatment with me.

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Signature of Patient or Legal Guardian

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Patient's Name

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Date