

**Myofascial Pain Treatment Center, LLC
203 Arlington Street
Watertown, MA 02472**

HIPAA

Consent for Purposes of Treatment, Payment & Healthcare Operations

I consent to the use or disclosure of my protected health information by Erika Bourne, RN, and/or Yvan Riendeau, LMT for the purpose of evaluating or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Erika Bourne, RN and/or Yvan Riendeau, LMT. I understand that evaluation or treatment of me by Erika Bourne, RN and/or Yvan Riendeau, LMT may be conditioned upon my consent as evidenced by my signature below.

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. Erika Bourne, RN and/or Yvan Riendeau, LMT is not required to agree to the restrictions that I may request. However, if Erika Bourne, RN and/or Yvan Riendeau, LMT agrees to a restriction that I request, the restriction is binding on Erika Bourne, RN and/or Yvan Riendeau, LMT.

I have the right to revoke this consent, in writing, at any time, except to the extent that Erika Bourne, RN and/or Yvan Riendeau, LMT 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 have been provided with a copy of the Notice of Privacy Practices of Myofascial Pain Treatment Center, LLC and understand that I have a right to review the Notice of Privacy Practices prior to signing this document. 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 Erika Bourne, RN and/or Yvan Riendeau, LMT. The Notice of Privacy Practices for Myofascial Pain Treatment Center, LLC is also posted in the waiting room at 203 Arlington Street, Watertown, MA. This Notice of Privacy Practices also describes my rights and duties of the Erika Bourne, RN and/or Yvan Riendeau, LMT with respect to my protected health information.

Myofascial Pain Treatment Center, 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 of Erika Bourne, RN and/or Yvan Riendeau, LMT and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Patient Name (print) _____

Signature of Patient _____

Date of Signing _____