

**Rami M. Sadeghi, Ph.D.**

9171 Wilshire Blvd., Penthouse

Beverly Hills, CA 90210

(310) 273-7000

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**INSURANCE COMPANY INFORMATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City & Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Soc. Sec. #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Ins. Co. Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Address: \_\_\_\_\_ Policy #: \_\_\_\_\_  
City & Zip: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
City & Zip: \_\_\_\_\_

Status (Champus Claims):  Active Duty  Retired  Deceased  Other: \_\_\_\_\_

What is your relationship to the insured?:  Spouse  Child  Self  Other: \_\_\_\_\_

Are you under your employer's Health Plan?: Yes No

Employer's Name: \_\_\_\_\_

Insurance Plan Name: \_\_\_\_\_

Is your signature on file?: Yes No

(If there is another Health Benefit Plan, please fill out a second form and write "Secondary Insurer" on the top of the form)

**CONSENT TO USE OR DISCLOSE HEALTH  
INFORMATION FOR THE TREATMENT, PAYMENT AND  
HEALTH CARE OPERATIONS**

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

Patient Address: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

In the course of providing service to you, we create, receive, and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for our services, and to conduct health care operations involving our office.

We have a comprehensive Notice of Privacy Practices that describes these uses and disclosures in detail (please see attached sheets). You are free to refer to this Notice at any time before you sign this consent document. As described in our Notice of Privacy Practices, the use and disclosure of your health information for treatment purposes not only includes care and services provided here, but also disclosures of your health information as may be necessary or appropriate for you to receive follow-up care from another health care professional. Similarly, the use and disclosure of your confidential information for purposes of payment may include the submission of your personal information to a billing agent or vendor for processing claims or obtaining payment; our submission of claims to third-party payers of insurers for claims review, determination of benefits and payment; or our submission of your personal information to auditors hired by third-party payers and insurers, among other aspects of payment described in our Notice of Privacy Practices. Our Notice of Privacy Practices will be updated whenever our privacy practices change. You can get an updated copy here at our office.

When you sign this consent document, you signify that you agree that we can and will use and disclose your health information to treat you, to obtain payment for our services, and to perform mental health treatment. You can revoke this consent in writing at any time unless we have already treated you, sought payment for our services, or performed health care operations in reliance upon our ability to use or disclose your information in accordance with this consent. We can decline to serve you if you elect not to sign this consent form.

You have the right to ask us to restrict the uses or disclosures made for purposes of treatment, payment or mental health treatment, but as described in our Notice of Privacy Practices, we are not obligated to agree to these suggested restrictions. If we do agree, however, the restrictions are binding on us. Our Notice of Privacy Practices describes how to ask for a restriction.

**I HAVE READ THIS CONSENT AND UNDERSTAND IT. I CONSENT TO THE USE AND DISCLOSURE OF MY CONFIDENTIAL INFORMATION FOR PURPOSES OF TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

If you are signing as a personal representative of the patient, describe your relationship to the patient and the source of your authority to sign this form:

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Print Name

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## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW  
CONFIDENTIAL INFORMATION  
ABOUT YOU MAY BE USED AND  
DISCLOSED AND HOW YOU CAN  
GET ACCESS TO THIS  
INFORMATION. PLEASE REVIEW IT  
CAREFULLY

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## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MENTAL  
HEALTH INFORMATION ABOUT YOU MAY BE  
USED AND DISCLOSED AND HOW YOU CAN GET  
ACCESS TO THIS INFORMATION. PLEASE REVIEW  
IT CAREFULLY

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### GENERAL RULES

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We respect our legal obligation to keep private any confidential information that identifies you. We are obligated by law to give you notice of our privacy practices.

Generally, we cannot use your confidential information outside of our office without your written permission. Sometimes the written permission will be called a consent form, and sometimes it will be called an authorization form. The type of permission form will depend upon the kind of use or disclosure that is involved. In some limited situations, the law allows or requires us to disclose your confidential information without either a written consent or authorization.

### USES OR DISCLOSURES WITH CONSENT

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We will ask you to sign a consent form to allow us to use and disclose your confidential information for purposes of treatment or payment. We are allowed to refuse to treat you if you do not sign the consent form.

We use this information for treatment purposes when, for example, we set up an appointment for you or when our doctors prescribe medication. We may disclose your confidential information outside of our office for treatment purposes if, for example, we refer you to another doctor or clinic for treatment or when we provide a prescription for medication to a pharmacist.

We use your confidential information for payment purposes when, for example, our staff asks you about confidential care plans that you may belong to, or about other sources of payment for our services, when we prepare bills to send to you or your confidential provider, when we process payment by credit card, and when we try to collect unpaid amounts due. We may disclose your confidential information outside of our office for payment purposes when, for example, bills or claims for payment are mailed, faxed, or sent by computer to you or your confidential provider, or when we occasionally have to ask a collection agency or attorney to help us with unpaid amounts due.

We may use or disclose your confidential information, for example for financial or billing audits, for internal quality assurance, for personnel decisions, to enable us to participate in managed care

plans, for the defense of legal matters, and for outside storage of our records.

## USES AND DISCLOSURES WITHOUT CONSENT OR AUTHORIZATION

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In some limited situations the law allows or requires us to use or disclose your confidential information without your permission.

- If there is a reason to believe there is an occurrence of child, elder or dependent adult abuse or neglect.
- If there is reason to believe that you have serious intent to harm yourself, someone else, or property by a violent act you may commit.
- If you introduce your emotional condition into a legal proceeding, or your counselor is subpoenaed to give testimony.

## APPOINTMENT REMINDERS

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We may call to remind you of scheduled appointments. We may also call to notify you of other available treatments or services that might be helpful to you..

## OTHER DISCLOSURES

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We will not make any other uses or disclosures of your confidential information unless you sign a written authorization form. You do not have to sign such a form. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it.

## YOUR RIGHTS REGARDING YOUR MENTAL HEALTH INFORMATION

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The law gives you many rights regarding your mental health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment) and payment of confidential care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to: the clinical director at the address or fax shown on this notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing information to a different address, or by using email for your personal email address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communication, send a written request to: the clinical director at the address or fax shown on this notice.
- Ask to see or to get photocopies of your files. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your mental health information within 30 days of asking us. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instruction about how to get an impartial review of our denial if one is legally required. By law, we can have one 30 day extension of the time for us to give you access

or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your confidential information, send a written request to the clinical director at the address or fax shown at the beginning of this notice.

- Ask us to amend your confidential information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who received the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your confidential information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your confidential information, we will send it along whenever we make a permitted disclosure of your confidential information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your mental health information, send a written request, including your reasons for the amendment, to: the clinical director at the address or fax shown on this notice.
- Get a list of the disclosures that we have made of your confidential information within the past six years (or a shorter period if you want), except disclosures for purposes of treatment, payment or confidential care operations and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request, including your reasons for the amendment, to the clinical director at the address or fax shown on this notice.
- Get additional paper copies of this Notice of Privacy Practices upon request, no matter whether it was received on electronically or in paper form already, send a written notice to the clinical director at the address or fax shown on this Notice.

## OUR NOTICE OF PRIVACY PRACTICES

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By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time in compliance with and as allowed by law. If we change this Notice, the new privacy practices will apply to your mental health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our Web site.

## COMPLAINTS

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If you think that we have not properly respected the privacy of your confidential information, you are free to raise your concerns with us or with the US Department of Confidential and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to clinical director at the address or fax shown on this Notice. If you prefer, you can discuss your complaint in person or by phone.