

Pain Management & Injury Relief Medical Center

425 Haaland Dr Suite 101
Thousand Oaks, Ca 91362
(805) 557-0096
(805) 557-7361

1304 15th Street Suite 218
Santa Monica, Ca 90404
(310) 458-2526
(310) 458-2516

Notice of Privacy Practices

(Copies available upon request)

The Notice of Privacy Practices describes how the Center will use and disclose your protected health information to provide treatment, to obtain payment, or for other purposes necessary to operate this Center. Your protected health information includes the reason(s) for your admission, the type of care and treatment you may receive, and other information, including demographic information (e.g., your home address, age, gender, and so forth) that may be either necessary or helpful to identify you, or to assist your physician and others to provide necessary medical care.

The undersigned certifies that he/she has been offered a copy of the Notice of Privacy Practices on admission to the Center or on the date of the first service provided by the Center, whichever was earlier. The undersigned is the patient, or is the duly authorized representative of the patient.

Patient Name

Patient Signature

Date

Witness