

**AIRPORT-PLAYA WOMEN'S MEDICAL GROUP
8540 S SEPULVEDA BLVD #1002
LOS ANGELES, CA 90045-3808**

TAX ID: 953989531

DATE: _____

Dear Ms. _____

AUTHORIZATION FOR TREATMENT

I consent to treatment as necessary or desirable to the care of the patient named above, including but not restricted to whatever medication, performance of operations and conduct of laboratory, x-ray or other studies that may be used by the attending physicians, nurse practitioners, midwives or qualified designate.

I further understand that the qualified designate in some cases will be the assistant to the primary care physician also called CNM, RNP and assistant to the primary care physician. This means a person who is a graduate of an approved program of instruction in OB/GYN and or primary health care and is approved by the board to perform direct patient care services under the supervision of a primary care physician.

I consent to the use or disclosure of my protected health information by Airport-Playa Women's Med Grp. I understand that diagnosis or treatment of me by Airport-Playa Women's Med Grp. may be conditioned upon my consent as evidenced by my signature on this document.

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, health plan, my employer or a health care clearing house. This PHI relates to my past, present or future physical or mental health condition and identifies me or there is reasonable basis to believe the information may identify me.

I understand I have a right to review Airport-Playa Women's Med Grp practice notice of privacy practices prior to signing this document

Insurer and/or Responsible Person Signature

Date