

Arsalan Malik, MD, Inc., 2730 Wilshire Blvd, Suite 630, Santa Monica, CA 90403

**REGARDING OUR PRIVACY POLICY**

New federal regulations put forth by the Department of Health and Human Services state that all patients must be provided with a privacy statement concerning how this office processes your Private Health Information (PHI).

The same regulations require us to obtain your signed consent for you to receive treatment and for us to share your PHI. The purpose of doing this is to facilitate flow of information to allow us to communicate with health care professionals, including physicians, laboratories, and pharmacies that are directly involved in your care.

If any further exchange of information about you is needed, you will be asked to complete an authorization for release of PHI on which you must clearly specify what information you wish to be released, to whom it should be released, and for what purpose you wish it to be released. Please understand that Dr. Malik may decline, with an explanation to you in writing, to supply specific PHI in the unusual event that he believes it to not be in the patient's best medical interest.

PLEASE READ AND SIGN THE FOLLOWING:

**PRIVACY STATEMENT**

I understand that Dr. Malik regards the information that I share with him as most confidential, and that he honors my right to privacy. I understand that he adheres to what he believes to be a much more stringent set of confidentiality guidelines than those provided by the State of California or the federal Department of Health and Human Services.

If I so designate, by requesting Dr. Malik's office to provide me with a statement or bill for my reimbursement, I understand that the office will share only my diagnosis, dates of service, and description of services and charges.

If any other detail is sought, an Attending Physician's statement describing the form, not any of the content of treatment will be sent **only to me** to use in any way I decide will serve my best interests. I have the right to ask, in writing, for revision of content of the Attending Physician's Statement, within the constraints of traditional ethical medical guidelines.

I understand and agree to the above:

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date