NERVEPRO MEDICAL CORPORATION
PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION

I hereby give my consent for NervePro Medical Corporation to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (NervePro Medical Corporation's Notice of Privacy Practices provides a more complete description of such uses and disclosures.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. NervePro Medical Corporation reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices is available to download from our website www.nervepro.com or may be obtained by forwarding a written request to NervePro Medical Corporation Privacy Officer at 16405 Sand Canyon Ave, Suite 220, Irvine, CA 92618-3787.

With this consent, NervePro Medical Corporation may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results, statements and office forms. List who if anyone in your immediate family you would wish us to discuss your care and treatment.

Cross out methods of contact that you wish us not to use; circle the preferred method, and enter numbers you wish us to use.

Home phone _____

Business phone _____

Mobile phone _____

E-mail _____

Fax _____

Mail

Voice message

Family member _____

The practice is not required to agree to my requested restrictions, but in general will agree to reasonable requests that are practical for TPO; if it does, it is bound by this agreement. By signing this form, I am consenting to NERVEPRO MEDICAL CORPORATION's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, NERVEPRO MEDICAL CORPORATION may decline to provide treatment to me.

_____

Signature of Patient or Legal Guardian

_____ _____

Patient's Name Date

_____

Print Name of Patient or Legal Guardian