

**LIVE WELL MEDICAL CENTERS ORLANDO, LLC  
7051 DR. PHILLIPS BLVD. SUITE 3  
ORLANDO, FL 32819**

**PATIENT CONSENT FORM**

Our Notice of Privacy Practices provides information about how we may use and disclose protected healthcare information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms and conditions may change. In the event any changes are made you may obtain a revised copy by requesting one from the front desk personnel. You have the right to request that we restrict how protected healthcare information about you is used or disclosed for treatment, payment for treatment, administrative purposes, and/or other healthcare operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected healthcare information about you for treatment, payment for treatment, administrative purposes, and/or other healthcare operations. You have the right to withdraw this consent in writing, except where we have already made disclosures in reliance on your prior consent.

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**Signature of Patient or Personal Representative**

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**Printed Name of Patient or Personal Representative**

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**Date**