

**PATIENT CONSENT FOR USE DISCLOSURE OF PROTECTED HEALTH INFORMATION**

With my consent, Sanjiv K. Saini, MD, LLC may use and disclose protected health information(PHI) about me to carry out treatment, payment and health care operations (TPO). Please refer to Sanjiv K. Saini, MD, LLC's Notice of Privacy Practices for 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 Sanjiv K. Saini, MD, LLC reserves the right to revise its Notice of Privacy Practices at anytime. A Notice of Privacy Practices may be obtained by forwarding a written request to Sanjiv K. Saini MD Privacy Officer at 3168 Braverton Street, Suite 340 Edgewater, MD 21037.

With my consent, Sanjiv K. Saini, MD, LLC may call my home or other designated locations and leave a message on a voicemail 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, among others.

I promise to follow medical recommendations made by the doctor and the staff who treat me. In the event I do not follow up with the recommended treatment plan, I fully accept the consequences of my failure to do so and fully release all providers, staff and organizations associated with my care from all present and future liability.

By signing this form, I am consenting to Sanjiv K. Saini, MD, LLC's use and disclosure of PHI to carry out TPO.

If I do not sign this consent, Sanjiv K. Saini, MD, LLC may decline to provide treatment to me.

Patient/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient's Printed Name \_\_\_\_\_ DOB \_\_\_\_\_