

# **S&K Medical Center**

**1S376 Summit Ave  
Court C, Unit 4B  
Oakbrook Terrace, IL 60181**

## **Patient Consent Form**

I hereby give my consent for **DR MUHAMMAD SHAHZAD** to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO).

With this consent, **S&K Medical Center** 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 test results, among others.

With this consent, **S&K Medical Center** may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."

With this consent, **S&K Medical Center** may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that **S&K Medical Center** restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow **S&K Medical Center** to use and disclose my PHI to carry out TPO.

By signing this form, I am consenting that I was informed that **No-Shows and cancellation** without **24 hour** notice are subject to a **\$50** cancellation fee.

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, **S&K Medical Center** may decline to provide treatment to me.

\_\_\_\_\_  
**Signature of Patient or Legal Guardian**

\_\_\_\_\_  
**Print Patient's Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Patient or Legal Guardian, if applicable**

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