

MARYLAND INTERNAL MEDICINE, INC.

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PATIENT CONSENT FOR USE AND DISCLOSURE OR PROTECTED HEALTH INFORMATION

With my consent, Maryland Internal Medicine Inc, may use and disclose Protected Health Information (PHI) about me to carry out Treatment Payment and healthcare Operations (TPO). Please refer to Maryland Internal Medicine Inc's Notice of Privacy 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. Maryland Internal Medicine Inc reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Maryland Internal Medicine Inc's Privacy Officer at **1220 Plum Orchard Drive, Suite 212, Silver Spring, MD 20904**.

With my consent, Maryland Internal Medicine Inc, may call my home or other designated location and leave a message on voice mail or in person about any items that assist the practice in carrying TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results, among others.

With my consent, Maryland Internal Medicine, Inc may mail to my home or other designated location any items that the practice is carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Maryland Internal Medicine Inc restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my request restrictions, but if It does, it is bound by this agreement.

By signing this from, I am consenting to Maryland Internal Medicine Inc's use and disclosures of my PHI to carry out TPO.

I may revoke my consent in witting except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Maryland Internal Medicine Inc may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Date

Print Patient's Name

Patient's Date of Birth

Print Name of Legal Guardian