

**THE SAMRA GROUP, LLC
COSMETIC & RECONSTRUCTIVE SURGERY**



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Suite 229
Old Bridge, NJ 08857
(732) 727-8800

Consent for the use and disclosure of Protected Health Information

With my consent, The Samra Group may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to The Samra's Group Notice of Privacy Practices for a more complete description of such uses and disclosure.

I have the right to review the Notice of Privacy Practices prior to signing this consent. The Samra Group 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: The Samra Group Privacy Officer 733 North Beers Street, Suite U1 Holmdel NJ 07733.

With my consent, The Samra Group may call my home or other designated 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 call pertaining to my clinical care, including laboratory results among others.

With my consent, The Samra Group may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statement.

I have the right to request The Samra Group restrict how it uses or discloses my PHI to carry out TPO. However, 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 The Samra Group'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, The Samra Group may decline to provide treatment.

Date: _____ Patient's Name: _____

Signature of Patient/ Legal Guardian: _____

Witness: _____ Date: _____