

Patient Consent for Use and Disclosure of Protected Health Information

Maya Myslenski, MD Family Acupuncture, LLC

@ ACTIV Physical Therapy, LLC

3870 Brecksville Road Richfield, OH 44286

I hereby give my consent for Maya Myslenski, MD, Family Acupuncture, LLC and ACTIV Physical Therapy, LLC to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). (The Notice of Privacy Practices provided by Dr. Myslenski describes such uses and disclosures more completely). *I have the right to review the Notice of Privacy Practices prior to signing this consent.*

Maya Myslenski, MD, Family Acupuncture, LLC and ACTIV Physical Therapy, LLC reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Maya Myslenski, MD, Family Acupuncture, ACTIV Physical Therapy, 3807 Brecksville Rd, Richfield, OH 44286.

With this consent, Maya Myslenski, MD Family Acupuncture, LLC and ACTIV Physical Therapy, LLC may call my home or other alternative location and leave a message on voicemail 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 tests, among others.

With this consent, Maya Myslenski, MD, Family Acupuncture, LLC and ACTIV Physical Therapy, LLC 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, Maya Myslenski, MD, Family Acupuncture, LLC and ACTIV Physical Therapy, LLC may email to my home or other alternative location any items that assist in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Maya Myslenski, MD, Family Acupuncture, LLC and ACTIV Physical Therapy, LLC 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 Maya Myslenski, MD, Family Acupuncture, LLC and ACTIV Physical Therapy, LLC to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to extend that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Maya Myslenski, MD, Family Acupuncture, LLC and ACTIV Physical Therapy, LLC may decline to provide treatment for me.

_____ Signature of Patient or Legal Guardian _____ Date

_____ Print Patient's Name

_____ Print Name of Parent or Legal Guardian

Please list ANY specific requests for restrictions in writing here, or list "no restrictions" and initial below.

Initial here _____