



**Darin M. Minkin, D.O.**  
**Patient Consent For Use and Disclosure  
Of Protected Health Information**

With my consent, Darin M Minkin, D.O., Inc. may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Darin M Minkin, D.O., Inc. 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. Darin M. Minkin, D.O., 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 Darin M. Minkin, D.O., Inc. Privacy Officer at 2355 Dougherty Ferry Road Ste 430 St. Louis Mo. 63122

With my consent, Darin M. Minkin, D.O., Inc. may call or mail to 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, calls pertaining to my clinical care, including laboratory results among others and patient statements as long as they are marked Personal and Confidential.

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 Darin M. Minkin, D.O., Inc. use and disclosure of my protected health information (PHI) to carry out treatment, payment and healthcare operations (TPO).

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon prior consent. If I do not sign this consent, Darin M. Minkin, D.O., Inc. may decline to provide treatment to me.

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Signature of Patient or Legal Guardian

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient or Legal Guardian

