

**Sonterra Laser Med Spa
Dr. Sanjiv R. Kumar, M.D., P.A.
1202 E. Sonterra Blvd, Suite 303
San Antonio, TX 78258**

**Patient Consent for Use and Disclosure of Protected
Health Information**

I, _____ hereby give my consent for Sonterra Laser Med Spa to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations. The “Notice of Privacy Practices” provided by Sanjiv R. Kumar, M.D., P.A. describes such uses and disclosures more completely. I have the right to review the Notice of Privacy Practices prior to signing this consent.

With this consent, Sonterra Laser Med Spa may call my home or alternative location and leave a message on voicemail or in person in reference to any items and any calls pertaining to my care. In addition, Sonterra Laser Med Spa may email or mail to my home or alternative location any items that assist the practice in carrying out its operations, such as appointment reminder cards, med spa promotions, and patient statements.

Patient Signature _____

Date _____

Patient’s Printed Name _____

Signature of Legal Guardian if applicable _____