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I hereby consent Rimma Finkel, M.D. to use my protected health information (PHI) for the purposes of providing treatment, obtaining payment for health care services, or for the purpose of carrying out health care operations. I also consent Rimma Finkel, M.D. to use or disclose my protected health information for treatment services provided by another health care provider or entity.

I further acknowledge that I have received a copy of the Notice of Privacy Practices, which provides me with a detailed description of the uses and disclosures allowed by this consent, as well as other rights I may have regarding my protected health information.

Signature

Date