

Namita K. Thapar-Dua (Chaudhary) with SENIOR SMILE

23219 Stringtown Road, Box #324

Clarksburg, MD 20871

301-875-7477 Phone

301-637-3222 Fax

Consent for Testing

In order to comply with Occupational Safety & Health Administration Blood borne Pathogen Regulation (OSHA) we are requesting you consent to submit to testing of your blood for blood borne pathogens, hepatitis B, hepatitis C or HIV if an exposure occurs (needle stick injury and/or blood splatter) to one of the staff. Testing will be done at no cost to you. All information regarding an exposure is confidential.

Print Name: _____ Signature: _____ Date: _____

Privacy Statement

In order to comply with the new privacy rules governing the sharing of medical information for billing purpose, we need your permission. Please sign this form to allow for billing of insurance if any. Please check the appropriate box for additional permissions:

- May leave message on my voicemail/answering machine
- May send an email to my email address: _____
- May fax information to my fax number
- May share information with the following members of my family:
 - _____
 - _____
 - _____
 - _____

Print Name: _____ Signature: _____ Date: _____