DermAssociates, PC

www.DermAssociates.com
301.681.7000

ver 1.1.11

PATIENT CONSENT FOR THE USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

• With my consent, DermAssociates, PC may use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). Please refer to the DermAssociates, PC notice 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.
• DermAssociates, PC 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:

DermAssociates, PC Privacy Officer
10313 Georgia Avenue, Suite 309
Silver Spring, MD 20902

• With my consent, DermAssociates, PC may email me or mail to my home or other designated location any items that assist the practice in carrying out TPO. Examples of this include appointment reminder cards and patient statements.
• I have the right to request that DermAssociates, PC restrict how it uses or discloses my PHI to carry out TPO. 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 DermAssociates' use and disclosure of my PHI to carry out TPO.
• I may revoke my consent in writing except to the extent that the practice has already made the disclosures in reliance upon my prior consent. If I do not sign the consent, DermAssociates, PC may decline to provide treatment to me.

DISCLOSURE TO FAMILY/FRIENDS

Y	N	
☐	☐	I authorize DermAssociates, PC to leave the following information on my answering machine: test results, appointment reminders and appointment changes.

Results can be left on my:	☐	Home phone	☐	Cell phone	☐	Work phone	☐	Other phone:_______________

I authorize DermAssociates, PC to disclose information related to my care and treatment to the following named individual(s):

Name		Relationship		Phone	
Name		Relationship		Phone	
Name		Relationship		Phone	
Name		Relationship		Phone	

Patient Signature	Date