

Midtown Medical Plaza • 1918 Randolph Road, Ste. 550 • Charlotte, NC 28207 • 704-375-6766 • 704-332-6552/Fax

**PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

I HAVE BEEN OFFERED A COPY OF PRIVACY PRACTICES

With my consent, Dermatology, Laser & Vein Specialists of the Carolinas may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Dermatology, Laser & Vein Specialists of the Carolinas 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. Dermatology, Laser & Vein Specialists of the Carolinas 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 Dermatology, Laser & Vein Specialists of the Carolinas Privacy Officer at 1918 Randolph Road, Suite 550, Charlotte, North Carolina 28207.

With my consent, Dermatology, Laser & Vein Specialists of the Carolinas may call my home or other designated location and leave a message on voice mail, in person or by e-mail in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory/biopsy results among others.

With my consent, Dermatology, Laser & Vein Specialists of the Carolinas may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointments reminder cards and patient statements as long as they are marked Personal and Confidential.

I have the right to request that Dermatology, Laser & Vein Specialists of the Carolinas 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 Dermatology, Laser & Vein Specialists of the Carolinas 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 disclosures in reliance upon my prior consent. If I do not sign this consent, Dermatology, Laser & Vein Specialists of the Carolinas may decline to provide treatment to me.

Please check here to request that verbal information regarding diagnostic and/or recommendations for treatment is discussed directly with **you and you alone**.

**If you do choose to give permission for your PHI to be discussed with a spouse, family member, care giver, etc.; list them below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_