STX SOUTHTEXAS DERM DERMATOLOGY
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CONSENT FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, South Texas Dermatology may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to South Texas Dermatology's 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 before signing this consent. South Texas Dermatology reserves the right to revise its Notice of Privacy Practices at any time.

With my consent, South Texas Dermatology may call my home or other designated location and leave a message on voice mail or in person 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 results, among others. South Texas Dermatology may also send me SMS messages pursuant to the terms outlined in the SMS Terms and Conditions.

With my consent, South Texas Dermatology may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements.

With my consent, South Texas Dermatology may e-mail any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements. I have the right to request that South Texas Dermatology restricts 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 South Texas Dermatology's use and disclosure of my PHI to carry out TPO, release medical information to my primary care or referring physician, for consults if needed and as necessary to process insurance claims, applications, and prescriptions. I also authorize payment of medical benefits to the physician.

I may revoke my consent in writing except if the practice has already made disclosures in reliance on my prior consent. If I do not sign this consent, South Texas Dermatology may decline to provide treatment to me based on my decision not to comply with their PHI Policy.

Name: _____

Date: _____

Signature: _____