



Damon McClain, MD, FAAD

Susannah Berke, MD, FAAD

Molly McIntyre, PA-C, MMS, MPH

HIPAA
(Health Insurance Portability and Accountability Act of 1996)
Effective Date 10-01-2002

PATIENT CONSENT FORM

Our notice of privacy provides information on how we may use and disclose information about you. You have the right to review our notice, the terms may change but you can still review the revised copy in our office by asking.

You have the right to request that we restrict how your health information is used or disclosed for treatment, payment, or operations. Essentially, this information will be used by our billing service to submit claims to your insurance company; by referrals from your primary care physician and consultation letters to that physician regarding your case and/or to any other physician to who you may be referred by our office for ongoing care; to the pathology laboratory and/or laboratory for which service is provided to you for tissue processing and their billing procedures. We will also call and/or email to remind you of appointments in our office, unless patient is a minor or a patient from a facility.

By signing this consent, you agree to our use and disclosure for the above noted reasons: treatment, payment, and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures based on your prior consent.

Patient Name (please print): _____ Date: _____

Patient Signature: _____

Relationship to patient (if minor or unable to sign) _____