

Dermatology & Skin Surgery
9007 Ellerbe Road
Shreveport, Louisiana 71106
(318) 222-3278

PATIENT CONSENT FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH

This shall serve as my consent for Dermatology & Skin Surgery (“DSS”) and its physicians to use and disclose protected health information (“PHI”) about me to carry out treatment, payment and healthcare operations (“TPO”). Please refer to the DSS’ Notice of Privacy Practices (“NPP”) for a more complete description of such uses and disclosures.

I understand that I have the right to review DSS’ NPP prior to signing this consent. DSS reserves the right to revise the NPP as needed. The current version of the NPP may be obtained by forwarding a written request to DSS at the address above to the attention of Kate Gray, Privacy Officer.

This shall also serve as my consent for DSS and its physicians to mail to my home or other designated location any items that assist DSS in carrying out TPO, such as appointment reminder cards and patient statements. Additionally, I agree to allow DSS to communicate with me electronically through email and text messages.

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, DSS may decline to provide treatment to me.

Patient’s Name (Please Print)

Date of Birth

Patient/Representative Signature

Date