

Preferred Dermatology Medical Corp.

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

With my consent, Preferred Dermatology Medical Corp. may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Preferred Dermatology Medical Corp's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right and the opportunity to review the Notice of Privacy Practices prior to signing this consent. Preferred Dermatology Medical Corp. 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 Preferred Dermatology Medical Corp. Privacy Officer at 7947 So. Painter Ave. Whittier, CA. 90602

With my consent, Preferred Dermatology Medical Corp. 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.

With my consent, Preferred Dermatology Medical Corp. may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

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 Preferred Dermatology Medical Corp's 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, Preferred Dermatology Medical Corp. may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patient's Name

Date