

# Dermatology, Laser & Vein Specialists OF THE CAROLINAS

Midtown Medical Plaza • 1918 Randolph Road, Ste. 550 • Charlotte, NC 28207 • 704-375-6766 • 704-332-6552/Fax  
1663 Campus Park Drive • Suite A • Monroe, NC 28112 • 704-973-3650 • 704-776-9998/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) and as otherwise provided under the Dermatology, Laser & Vein Specialists Notice of Privacy Practices and in accordance with applicable law. 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. I understand I may request a copy of the Notice of Privacy Practices by providing written notice to Dermatology, Laser & Vein Specialists of the Carolinas Privacy Officer at 1918 Randolph Road, Suite 550, Charlotte, North Carolina 28207.

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, I understand the practice is generally not required to agree to my requested restrictions, but if it does, it is bound by this agreement. However, if I have paid in full for services rendered, the practice generally cannot disclose to my health insurer PHI regarding such paid-for services, if I request it.

By signing this form, I acknowledge receipt of the Notice of Privacy Practices and am consenting to Dermatology, Laser & Vein Specialists of the Carolinas' use and disclosure of my PHI to carry out **TPO** and as otherwise permitted under the Notice of Privacy Practices or applicable law.

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

### **For Office Use Only**

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

\_\_\_ An emergency existed and a signature was not possible at the time \_\_\_ The individual refused to sign

\_\_\_ Other: \_\_\_\_\_

Prepared By: \_\_\_\_\_

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