Southwest Skin Specialists

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Southwest Skin Specialists (hereinafter referred to as SWSS) may use and disclose protected health information (hereinafter referred to as PHI) about me to carry out treatment, payment and healthcare operations (hereinafter referred to as TPO). Please refer to SWSS's Notice of Privacy Practice for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practice prior to signing this consent. SWSS reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to SWSS Privacy Officer at: 11130 N. Tatum Blvd #100, Phoenix, AZ 85028.

With my consent, SWSS 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, including but not limited to appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory and pathology results, among others.

With my consent, SWSS may mail to my home or other designated location any items that assist the practice in carrying out TPO, including but not limited to appointment reminders and patient statements as long as they are marked "Personal and Confidential".

With my consent, SWSS may text my designated cell phone any items that assist the practice in carrying out TPO, including patient reminders.

With my consent, SWSS may fax to a number I designate any items that assist the practice in carrying out TPO, including but not limited to information regarding my clinical care, pathology and laboratory results, insurance items and patient statements.

With my consent, SWSS may e-mail to my home or other designated location any items that assist the practice in carrying out TPO, including but limited to appointment reminders and patients statements. I have the right to request that SWSS restrict how it uses or disclosed my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, the practice is bound by this agreement.

By signing this form, I am consenting to SWSS'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.

_____ _____

Signature of Patient or Legal Guardian Date

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Print Name of Patient or Legal Guardian

Patient's Name_____ DOB:_____