

San Diego Dermatology & Laser Surgery
12395 El Camino Real, Suite 117
San Diego, CA 92130
Dr. Jason Lupton

PRACTICE CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, San Diego Dermatology & Laser Surgery may use and disclose Protected Health Information (PHI) about me to carry out Treatment, Payment and healthcare Operations (TPO). Please refer to San Diego Dermatology & Laser Surgery's 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. San Diego Dermatology & Laser Surgery 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 the San Diego Dermatology & Laser Surgery Privacy Officer.

With my consent, I authorize San Diego Dermatology & Laser Surgery and their staff to leave information that will assist the practice in carrying out TPO, such as appointment reminders, insurance items and biopsy results. I assume responsibility to notify San Diego Dermatology & Laser Surgery whenever this information changes.

Home Telephone ___ Yes ___ No
If yes, telephone # _____

Home Answering Machine ___ Yes ___ No

Work Telephone ___ Yes ___ No
If yes, telephone # _____

Work Voicemail ___ Yes ___ No

Cell Phone and or Voicemail ___ Yes ___ No
If yes, telephone # _____

E-mail Address _____
Your E-mail address will be used to provide you with practice and product information from San Diego Dermatology & Laser Surgery exclusively.

Authorized person/s to be given TPO, including pathology and laboratory results:

Name _____ Relationship _____

Name _____ Relationship _____

With my consent, I authorize San Diego Dermatology & Laser Surgery to release information regarding my TPO to my insurance company and/or physician.

With my consent, San Diego Dermatology & Laser Surgery may mail to my home or to other designated location any items that may assist the practice in carrying out TPO, such as appointment reminder cards, patient statements, biopsy results and practice promotions.

By signing this form I am consenting San Diego Dermatology & Laser Surgery'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.

I have read San Diego Dermatology & Laser Surgery's Notice of Privacy and have received a copy if requested.

Patient's Name Date

Signature of Patient or Legal Guardian