

HUNTINGTON DERMATOLOGY GROUP
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PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

The purpose of this form is to comply with the Federal Government mandate to protect patient privacy.

With my consent, Huntington Dermatology Group may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to Huntington Dermatology Group'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 Practice prior to signing this consent. Huntington Dermatology Group 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 Huntington Dermatology Group Privacy Officer at 800 S. Fairmount #425 Pasadena, Ca 91105.

With my consent, Huntington Dermatology Group may call my home or other designated location and leave a message on voicemail 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 clinical care, including laboratory results among others.

With my consent, Huntington Dermatology Group 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 correspondence.

Patient Signature (or authorized person)

Date