

Albemarle Dermatology Associates, LLC

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Albemarle Dermatology to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (Albemarle Dermatology's Notice of Privacy Practices provides a more complete description of such uses and disclosures.)

I have a right to review the Notice of Privacy Practices prior to signing this consent. Albemarle Dermatology 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 Albemarle Dermatology Privacy Officer at 3350 Berkmar Drive, Charlottesville, VA 22901.

With this consent, Albemarle Dermatology may call my home or other alternative 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 calls pertaining to my clinical care, including laboratory results among others.

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

I have the right to request that Albemarle Dermatology restrict how it uses or discloses my PHI to carry out TPO. 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 Albemarle Dermatology'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, or later revoke it, Albemarle Dermatology may decline to provide treatment on me.

Signature of Patient or Legal Guardian

Date