

## **Triangle Dermatology Associates**

### **Patient Consent for Use and Disclosure of Health Information**

I agree to allow Triangle Dermatology Associates (TDA) to use and disclose my health information for purposes of: my medical treatment, obtaining payment for medical services, and other routine healthcare operations.

As part of daily, routine office work TDA may call your home and leave a message (electronically or with a person) in reference to items that assist us in carrying out routine healthcare operations. TDA may also mail, email, or fax to your home (or other designated location) items that assist the practice in daily, routine healthcare operations. These items include, but are not limited to, such things as: appointment reminders, payment collection reminders, information concerning medical care, results of laboratory tests, and miscellaneous correspondence. Our practice may release your information to a family member or caretaker that is involved in your care, or who assists in taking care of you.

You have the right to request restrictions on how we use your health information to carry out these routine healthcare operations. However, you must make your request in writing and we are not required to agree to your restrictions.

TDA's ***Notice of Privacy Practices*** contains a more detailed description of such uses and disclosures and you have the right to review this Notice upon request.

By signing our consent form you consent to TDA using and disclosing your health information as described above.

You can revoke this consent at any time in the future by giving TDA written notice. If you do not agree to our use of your medical information, TDA may decline to provide your treatment.