



**1050 NW 15th Street, Suite 201A
Boca Raton, FL 33486
Phone (561) 368-4545 • Fax (561) 368-4041**

**Federal Regulations regarding your
PROTECTED HEALTH INFORMATION**

With my consent, Integrated Dermatology of East Boca, LLC may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Integrated Dermatology of East Boca's Notice of Privacy Practices for a more complete description of such uses and disclosures.

With my consent, Integrated Dermatology of East Boca, LLC 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, such as appointment reminders, insurance items and any call pertaining to my clinical care, including results among others.

With my consent, Integrated Dermatology of East Boca, LLC may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as reminder cards and patient statements.

By signing this form, I am consenting to Dermatology of Boca'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, Integrated Dermatology of East Boca, LLC may decline to provide treatment to me.

_____ I have received a copy of Integrated Dermatology of East Boca's Notice of Privacy Practices.

_____ I have been offered a copy of Integrated Dermatology of East Boca's Notice of Privacy Practices but do not want a copy.

Signature of Patient or Legal Guardian

Date

Patient's Name PRINTED

Date of Birth