DERMATOLOGY-CHICAGO SC HIPPA CONSENT FORM

**This consent is to be used for treatment, payment or other healthcare options.**

I, Click or tap here to enter text. understand that as part of my health care, the doctors of Dermatology-Chicago SC., originate and maintain records describing my health history, symptoms described, examinations preformed, test results, diagnoses, treatments, and plans for future care or treatment. I understand that this information serves as: (1) a basis for planning my care and treatment. (2) A means of communication among health professionals who contribute to my care. (3) A source of information for applying my diagnosis and surgical information to my bill. (4) A means by which a thirdparty payer can verify that services billed were actually provided, and (5) A tool for routine health care operations such as assessing quality and reviewing the competence of health care professionals.

I understand that I have can receive a Notice of Information that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that Dermatology-Chicago SC has the right to change the policies of the office and will notify the patient if this is necessary. I understand that I have the right to request restorations as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations. However, I also understand that Dermatology-Chicago SC may not be required to agree to the restrictions requested.

I wish to have the following restrictions to the use or disclosure of my health information: Click or tap here to enter text.

**I understand and accept the terms of the consent.**

Signature: Click or tap here to enter text.

**Permission to contact patient.** I give the office of Dermatology-Chicago SC permission to call me at home, work or on my cell phone. Messages may be left on voicemail. I also agree to use email if the Dr Shanker thinks it is appropriate.

Signature: Click or tap here to enter text.

Dermatology-Chicago SC may discuss my health information with the following family member or representative.

Names of individuals:

|  |
| --- |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.