Associated Skin Care Specialists
BOARD CERTIFIED DERMATOLOGISTS

Patient Label

Authorization for Verbal and Digital Communication of Protected Health Information

Please list the phone numbers and contact information by which we may contact you and/or leave a message regarding appointment times, test results, biopsy results, etc. We may also use this information to reach you regarding news about the practice, updates in the specialty of dermatology, and events. The information provided is protected and will not be distributed to third party marketers.

Cell number: _____

Home number: _____

Work number: _____

Email: _____

I authorize **ASCS** to discuss ALL aspects of my protected health information with the following individuals listed:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

_____ _____ _____

Signature patient/guardian Print name Date

9/2017