PATIENT CONSENT FORM

(For the purpose of treatment, payment & healthcare operations.)

A federal law known as the Health Insurance Portability and Accountability Act of 1996 or "HIPAA" requires that this office comply with certain rules and regulations regarding the maintenance of the privacy of your protected health information that we have collected and may collect in the future.

To comply with one of HIPAA's requirements, we will make available to you a copy of our Notice of Privacy Practices. This notice outlines our privacy practices and is located in the patient waiting room and at the reception desk. You may ask the receptionist for a copy of this notice if you wish to retain one for your records. This notice describes the types of uses and disclosures of your protected healthcare information that may occur during your treatment, diagnosis and for the payment of healthcare bills at The Dermatology and Skin Cancer Clinic of Alaska, PC and/or Mathew Cannava MD.

I understand that I have a right to review The Dermatology and Skin Cancer Clinic of Alaska, PCs' Notice of Privacy Practices prior to signing this document

I understand and consent to the use or disclosure of my protected health information by The Dermatology and Skin Cancer Clinic of Alaska, PC and/or Mathew Cannava MD for the purpose of diagnosing or providing treatment to me, for referral or consultation with another healthcare professional, laboratory processing/testing of a specimen, and/or obtaining payment for my health care bills.

I understand I have a right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, diagnosis, and payment. The Dermatology and Skin Cancer Clinic of Alaska, PC and Mathew Cannava MD is not required to agree to the restrictions that I may request. However, if The Dermatology and Skin Cancer Clinic of Alaska PC and Mathew Cannava MD agrees to a restriction that I request, the restriction is binding. All restriction requests must be in writing and agreed upon by all parties before services are rendered.

The Dermatology and Skin Cancer Clinic, PC and/or Mathew Cannava MD reserves the right to change the privacy practices described in the Notice of Privacy Practices. You may obtain a revised Notice of Privacy Practices by calling the office and requesting that a revised copy to be sent in the mail or by asking for one at the time of your next appointment.

_____

Signature of Patient or Personal Representative

_____

Printed Name of Patient or Personal Representative

_____

Signature of Witness (DSCC staff member)

_____

Date