

THE DERMATOLOGY AND SKIN CANCER CLINIC OF ALASKA

180 E. Beluga Ave. Soldotna, Alaska 99669

Mathew M. Cannava, M.D.

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 a copy of our Notice of Privacy Practices available to you. 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, P.C. and/or Mathew Cannava M.D..

I understand that I have a right to review The Dermatology and Skin Cancer Clinic of Alaska, P.C.'s 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, P.C. and/or Mathew Cannava M.D. 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 healthcare 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, P.C. and Mathew Cannava M.D. are not required to agree to the restrictions that I may request. However, if The Dermatology and Skin Cancer Clinic of Alaska, P.C. and Mathew Cannava M.D. 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 of Alaska, P.C. and/or Mathew Cannava M.D. 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 be sent in the mail or by asking for one at the time of your next appointment.

I authorize the release of medical information to my primary care or referring physician, pathologists/consultants if needed and as necessary to process insurance claims, insurance applications and prescriptions. Please note: if your visit requires any pathology, laboratory tests or a consultant's review you will be charged a fee from that said office.

Do we have your permission to: (Circle one)

Leave a message on your answering machine at home? Yes/No

Leave a message at your employment? Yes/No

May we discuss your medical condition with a member of your household? Yes/No

If yes, who,? _____ Relationship: _____

→ _____
Signature of Patient or Personal Representative Date

→ _____
Signature of DSCC Staff Member Date