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Dermatology for the Family
149 East Avenue - Suite 20
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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT - HIPAA

Effective April 14, 2003

Patient Consent for Use and Disclosure of Protected Health Information

With my signature, I consent that Dermatology for the Family, hereinafter also referred to as "the practice" may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to Dermatology for the Family's Notice of Privacy Practices for more complete descriptions of such uses and disclosure. I have read the right to review the Notice of Privacy Practices prior to signing this consent. Dermatology for the Family reserves the right to review and update its Notice of Privacy Practices at any time.

I consent that Dermatology for the Family may call my home, work, or cell phone, and if I am unavailable they may leave a message either on my answering machine or with whomever answers the telephone. The information may include, but is not limited to, any item that assists the practice in carrying out TPO, such as appointment reminders, insurance items, payment/balance reminders, laboratory results, and any call pertaining to my clinical care.

I consent that Dermatology for the Family may mail or email to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards, patient billing statements, and informational mailings.

I have the right to request that Dermatology for the Family restricts how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement. By signing this form, I am consenting to Dermatology for the Family'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, Dermatology for the Family may decline to provide treatment to me.

RED FLAGS RULE

Effective 11/1/2009

Protecting Against Identity Theft

It is the policy of Dermatology for the Family to follow all federal and state laws and reporting requirements regarding identity theft. Thus, pursuant to the existing HIPAA Security Rule, appropriate physical, administrative, and technical safeguards are in place to reasonably safeguard protected health information and sensitive information related to patient identity from any intentional or unintentional use or disclosure.

Signature of patient or legal guardian

Print patient's name

Print name of legal guardian, if not patient

Date

Copy of government issued photo identification received _____.