



**Dermatology
Affiliates
Medical
Group**

A Professional Corporation

**Medical, Surgical and
Cosmetic Dermatology**

Catherine A. Biren, M. D.

Diplomate American
Board of Dermatology

American Society
for Dermatologic Surgery

International Society
for Dermatologic Surgery

Donna L. Pryor, PA-C

**PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

Patient Name: _____

Date of Birth: _____

With my consent, Dermatology Affiliates may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Dermatology Affiliates' Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing the consent. Dermatology Affiliates Medical Group reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Dermatology Affiliates Medical Group Privacy Officer at 1324 Nelson Ave., Suite B, Modesto, CA 95350.

With my consent, Dermatology Affiliates Medical Group may call my home or other designated location and leave a message on voice mail / answering machine / with persons at home or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Dermatology Affiliates Medical Group may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

I acknowledge that I have received (by request) and/or declined a copy of the following forms:

- 1.) Patient Rights
- 2.) Notice of Privacy Practices

Patient Signature or Legal Guardian

Date

Witness Signature

Date

1324 Nelson Ave., Suite B
Modesto, CA 95350
(209) 524-9481

1390 West H St Suite A
Oakdale, CA 95361
(209) 848-0916

Fax: (209) 524-9486