

SMITH DERMATOLOGY CLINIC	Patient Consent for Use and Disclosure of Protected Health Information		
	Form:	Revision Date:	Page:
	SDC001	April 11, 2005	1 of 2

Print the form, complete the information and give it to the clinic's receptionist.

I hereby give my consent for Smith Dermatology Clinic ("Practice") to use and disclose protected health information ("PHI") about me to carry out treatment, payment, and healthcare operations ("TPO"). (Smith Dermatology Clinic's "Notice of Privacy Practices" provides a more complete description of such uses and disclosures). I have the right to review the "Notice of Privacy Practices" prior to signing this consent. Smith Dermatology Clinic 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 Smith Dermatology Clinic Privacy Officer; 9940 E. 81ST. Street, Suite 100; Tulsa, OK. 74133. With this consent, Smith Dermatology Clinic may call my home or other alternative locations and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others. With this consent, Smith Dermatology Clinic may mail to my home or other alternative location patient statements as long as they are marked "Personal and Confidential". With this consent, Smith Dermatology Clinic may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient treatment statements. I have the right to request that Smith Dermatology Clinic restrict how it uses or discloses my PHI to carry out TPO.

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	Form:	Revision Date:	Page:
	SDC001	April 11, 2005	2 of 2

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 Smith Dermatology Clinic'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, or later revoke it, Smith Dermatology Clinic may decline to provide treatment to me.

Patient's Name

Date

Print Name of Patient or Legal Guardian