

DERMATOLOGY & SKIN SURGERY

Drs. Resneck, D. Clemons, Posner, Haynie, Bryan,
Romero, Heard, & E. Clemons

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, Drs. Resneck, D. Clemons, Posner, Haynie, Bryan, Romero, Heard, & E. Clemons may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Drs. Resneck, D. Clemons, Posner, Haynie, Bryan, Romero, Heard, & E. Clemon's 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 this consent. Drs. Resneck, D. Clemons, Posner, Haynie, Bryan, Romero, Heard, & E. Clemons reserve the right to revise their Notice of Privacy Practices as needed. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Drs. Resneck, D. Clemons, Posner, Haynie, Bryan, Romero, Heard & E. Clemons, Attention: Rhonda Anglin, 9007 Ellerbe Road, Shreveport, LA 71106.

With my consent, Drs. Resneck, D. Clemons, Posner, Haynie, Bryan, Romero, Heard, & E. Clemons may call my home or other designated location and leave a message on voicemail 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, Drs. Resneck, D. Clemons, Posner, Haynie, Bryan, Romero, Heard & E. Clemons 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.

By signing this form, I am consenting to Drs. Resneck, D. Clemons, Posner, Haynie, Bryan, Romero, Heard, & E. Clemons' 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, Drs. Resneck, D. Clemons, Posner, Haynie, Bryan, Romero, Heard, & E. Clemons may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Printed Name of Patient or Legal Guardian

Date