



The HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their PROTECTED HEALTH INFORMATIONS (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI is made by alternative means.

I authorize Dermatology Specialists, Inc. to contact me in the following manner (check all that apply):

- Home Telephone (     ) \_\_\_\_\_
  - please leave a message with detailed information.
  - do not leave information.
- Work Telephone (     ) \_\_\_\_\_
  - please leave message with detailed information
  - do not leave information.

You have my authorization to release detailed information including results to:

- My spouse: \_\_\_\_\_  
Spouse's name
- Family Member: \_\_\_\_\_  
Name of person
- Family Doctor: \_\_\_\_\_  
Name of Doctor
- Other: \_\_\_\_\_  
Name and relation to patient

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Print Patient/Guardian Name

Signature of Patient/Guardian

Date

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by this individual.