

Message Authorization

The Privacy Rule is part of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The Privacy Rule establishes a federal requirement that doctors, hospitals or other healthcare providers and health plans obtain a patient's written consent before using or disclosing a patient's personal health information (PHI) to carry out treatment, payment or other healthcare operations. Nashville Skin Care is required by law to comply with the Privacy Rule.

Patient Consent For Use and Disclosure of Protected Health Information

Nashville Skin Care may use PHI about me to carry out treatment, payments and healthcare operations (TPO). Nashville Skin Care's Notice of Privacy Practices is available to me for a more complete description of such uses and disclosures.

Patient Name: _____ Signature: _____

Please Circle Yes or No

	Secondary: (Circle one)	
	Main	Home Work Cell
May we leave appointment reminders on your answering machine/voice mail?	YES/NO	YES/NO
May we leave lab and pathology results on your answering machine/voice mail?	YES/NO	YES/NO
May we send your lab and pathology results by mail?	YES/NO	YES/NO
May we communicate with you regarding your healthcare by email?	YES: _____ No Thanks	

Please list the names of all persons that Nashville Skin Care may leave a message with regarding appointment times and lab/pathology results:

Name:	Relationship:
1. _____	_____
2. _____	_____
3. _____	_____

HIPAA Acknowledgement

***Copies are located on tables in the waiting area and at the front desk ***

I have received the Notice of Privacy Practices and I have been given the opportunity to review it.

Signature

Date