

**Bernstein & Robinson Dermatology, P.A.**  
**Patient Consent for Use and Disclosure**  
**Of Protected Health Information**

With my consent, Bernstein & Robinson Dermatology, P.A. may use and disclose protected health information about me to carry out treatment, payment and healthcare operations (TPO). I have had the opportunity to read and review the Notice of Privacy Practices for Bernstein & Robinson Dermatology, P.A.

This consent will allow Bernstein & Robinson Dermatology, P.A. to call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carry out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others. It will allow Bernstein & Robinson Dermatology, P.A. to mail to my home or other designated address 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. The only exception to this release is pathology reports. Each time a biopsy is performed, a separate form specifically telling us how these results are to be communicated, will be completed by me.

I understand that I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. I understand that if my protected health information is released to any other organization, that organization may in turn release it and Bernstein & Robinson Dermatology, P.A. cannot be responsible or liable for the appropriateness of the release of information.

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Signature of Patient or Legal Guardian

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Patient's Name

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Date