

Stillwater Skin & Cancer Medical Clinic, Inc.
PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION

With my consent, Stillwater Skin & Cancer Medical Clinic, Inc. may use and disclose protected health information about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Stillwater Skin & Cancer Medical Clinic, Inc.'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. Stillwater Skin & Cancer Medical Clinic, Inc. 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:

Stillwater Skin & Cancer Medical Clinic, Inc.'s Privacy Officer at:
1604 W. 8th Ave.
Stillwater, Oklahoma 74074-4207

With my consent, Stillwater Skin & Cancer Medical Clinic, Inc. may 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 carrying out TPO, such as postcards, appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Stillwater Skin & Cancer Medical Clinic, Inc. may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as postcards, appointment cards, recall postcards, special event postcards and patient statements as long as they are marked Confidential.

With my consent, Stillwater Skin & Cancer Medical Clinic, Inc. may e-mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder postcards and patient statements. I have the right to request that Stillwater Skin & Cancer Medical Clinic, Inc. restrict how it uses or discloses my PHI to carry out TPO.

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 Stillwater Skin & Cancer Medical Clinic, Inc.'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, Stillwater Skin & Cancer Medical Clinic, Inc. may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patient's Name

Date

Print Name of Patient or Legal Guardian