## MID-CHARLOTTE DERMATOLOGY 6406 Carmel Road, Unit 309 Charlotte, NC 28226 704-367-9777

## Notice of Privacy Practices and Patient Consent for Use and Disclosure of Protected Health Information

Patient name	
I understand that under the Health Insurance Portability and Achave certain patient rights regarding my protected health infor	
I understand that Mid-Charlotte Dermatology may use or disclofor treatment, payment or healthcare operation – which means patient; handling billing and payment; and taking care of other include releasing your name, phone number and/or email adding regarding appointments and practice updates. Unless required disclosures of this information without my authorization.	s for providing healthcare to me, the r healthcare operation. This may ress for the purpose of contacting you
Mid-Charlotte Dermatology has a detailed document called the contains a more complete description of your rights to privacy of protected health information.	
I understand that I have the right to read the 'Notice' before signing this agreement. If I ask, Mid-Charlotte Dermatology will provide me with the most current Notice of Privacy Practices.	
My signature below indicates that I have been given the chance to review such copy of the Notice of Privacy Practices. My signature means that I agree to allow Mid-Charlotte Dermatology to use and disclose my protected health information to carry out treatment, payment, and healthcare operation. I have the right to revoke this consent in writing at any time, except to the extent that Mid-Charlotte Dermatology has taken action relying on this consent.	
Signature (patient or legal custodian/representative)	 Date
Relationship to patient is signed by another party	

You may obtain a copy of our Notice of Privacy Practices at any time by contacting our front desk at: 704-367-

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