

## Privacy Policy and Cancellation

I hereby give consent to Dermatology Realm and Family Practice, PLLC and all healthcare providers furnishing care within Dermatology Realm's facilities to use and disclose my protected health information for the purposes of treatment, payment and healthcare operations.

Name of Patient (print) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are signing on behalf of the patient:

Your Name (print) \_\_\_\_\_  
Signature \_\_\_\_\_ Relationship \_\_\_\_\_

You have the right to request restriction on the usage and disclosure of your protected health information for the purposes of treatment, payment, or healthcare operations. We are not required to grant your request, however, if we do, the restriction will be obligatory to us.

Our Posted Privacy Policy provides more detailed information about the usage and disclosure of your protected health information. You have the right to review our Posted Privacy Policy before you sign this consent. We reserve the right to amend the terms of our Posted Privacy Policy. You may obtain a copy of the current policy by asking the receptionist.

You may cancel this consent at any time. Your cancellation must be in writing, signed by you or your behalf, and delivered to the address at the bottom of this form. This may be delivered in person or mail. It is only effective on the date of receipt. Your cancellation will not be effective to the extent that we or others have acted in reliance upon this consent.

### CANCELLATION

I hereby void the consent given above.

Name of Patient (print) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are signing on behalf of the patient:

Your Name (print) \_\_\_\_\_  
Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Your cancellation will be effective, upon receipt, at 6825 Winchester Rd, Ste. 1, Memphis, Tennessee 38115.