

**Patient Consent for Use and Disclosure of Protected Health Information
And
Receipt of Notice of Privacy Practices Written Acknowledgement Form
Vivid Dermatology, L.L.C.
Five Forest Park Drive
Farmington, CT 06032**

Patient Name:_____ DOB:_____

I hereby give consent for Vivid Dermatology, L.L.C. to use and disclose Protected Health Information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Vivid Dermatology, L.L.C.'s Notice of Privacy Practices provides 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. Vivid Dermatology, L.L.C. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Vivid Dermatology, L.L.C., Attention Privacy Officer, Five Forest Park Drive, Farmington, CT 06032.

With this consent, Vivid Dermatology, L.L.C. may call my home or other alternative 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 appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results, among others.

With this consent, Vivid Dermatology may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statement as long as they are marked Personal and Confidential.

With this consent Vivid Dermatology L.L.C. may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

I have the right to request that Vivid Dermatology, L.L.C. 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.

I hereby acknowledge receipt of Vivid Dermatology, L.L.C.'s Notice of Privacy Practice.

By signing this form, I am consenting to Vivid Dermatology, L.L.C.'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, or later revoke it, Vivid Dermatology, L.L.C. may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Date

Print Name of Patient or Legal Guardian