PHI COMMUNICATION PREFERENCES

I authorize Enlighten Dermatology and Wellness to disclose any and all details of my medical diagnoses, treatment, and billing/claims information to the individuals, as indicated below. This authorization is voluntary, and I understand that I have the right to revoke this authorization by submitting a written request to the office. I understand that the information disclosed under this authorization may be disclosed again by the person or organization to which it is released. I understand that the below list may not be exhaustive and that my **protected health information (PHI)** may be disclosed to additional individuals based on my written authorization or as indicated in our Notice of Privacy Practices. This authorization shall remain in effect indefinitely unless revoked in writing by me.

☐ I elect **not to authorize disclosure** to any individuals at this time

☐ I elect **to authorize disclosure** to the below list of individuals

First & Last Name:	Relationship:	Phone:	Medical	Billing
			☐	☐
			☐	☐
			☐	☐

Communication for benign (non-cancerous) test results	☐ Patient portal ☐ Text ☐ Email ☐ Phone call: _____
I hereby allow all benign (non-cancerous) test results to be relayed as indicated in the box above per the check mark.	

NOTICE OF PRIVACY PRACTICES

I have been given a copy and have read the Notice of Privacy Practices which explains how my medical information will be used and disclosed. I authorize the release of my medical information necessary to evaluate and/or treat my condition, to process insurance claims on my behalf, and for other necessary health care operations of Enlighten Dermatology and Wellness. I understand that I am entitled to receive a copy of the Notice of Privacy Practices.

CANCELLATION POLICY FOR APPOINTMENTS

It is my responsibility to call the office to cancel at least 24 hours prior to the scheduled appointment. Enlighten Dermatology and Wellness reserves the right to charge a fee if the appointment is not cancelled at least 24 hours in advance. Additionally, the office reserves the right to reschedule appointments for which I am late. Special types of appointments require a deposit to reserve the appointment date. Enlighten Dermatology and Wellness reserves the right to charge a fee or retain the deposit if the appointment is not cancelled at least 72 hours in advance.

COSMETIC SERVICES AND RETAIL SALES

Payment for cosmetic services is required in full prior to the provision of the service. Due to the nature of cosmetic products, exchanges/refunds may not be allowed.

By signing below, I certify that I have read the above information and my questions concerning these policies have been answered. My signature also certifies my understanding and agreement with the above information. The duration of this consent is indefinite and continues until revoked in writing.

Patient Printed Name:	Patient Date of Birth:
Parent / Legal Guardian Printed Name:	Relationship:
Signature:	Date: