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**Consent for Release and Use of Confidential Information and
Receipt of Notice of Privacy Practices Form**

I, _____, hereby give consent to
(Name of Patient or Authorized Agent)
Distinctive Dermatology, Ltd. (“DD”) to use or disclose, for the purpose of
carrying out treatment, payment, or health care operations, all information
contained in the patient record of _____.
(Patient’s Name)

I acknowledge receipt of DD’s Notice of Privacy Practices. The
Notice of Privacy Practices provides detailed information about how DD
may use and disclose my confidential information.

I understand that DD has reserved a right to change his or her privacy
practices that are described in the Notice. I also understand that a copy of
any Revised Notice will be provided to me on my next visit.

I understand that this consent is valid until it is revoked by me. I
understand that I may revoke this consent at any time by giving written
notice of my desire to do so, to DD. I also understand that I will not be able
to revoke this consent in cases where DD has already relied on it to use or
disclose my health information. Written revocation of consent must be sent
to DD office.

Signed: _____ Date: _____

If you are not the patient, please specify your relationship to the patient: _____

CONSENT FORM DEFINITIONS

“Health care operations” refers to a large number of activities, including:

1. Conducting quality assessment and improvement activities, including outcome evaluation and development of clinical guideline, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternative; and related functions that do not include treatment;
2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which student, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
3. Underwriting, premium rating, and other activities relating to creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance);
4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
5. Business planning and development, such as conducting cost management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies;
6. Business management and general administrative activities including but not limited to:
(a) management activities relating to HIPPA privacy rule compliance; (b) customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer; (c) resolution of internal grievances; (d) due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a covered entity or, following completion of the sale or transfer, will become a covered entity; (e) creating de-identified health information, fundraising for the benefit of the covered entity, and marketing for which an individual authorization is not required.

“Payment” means the activities undertaken by the physician to obtain reimbursement for the provision of health care. These activities referred to in this definition relate to the individual to who health care is provided and include, but are not limited to:

1. Determination of eligibility coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
2. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing;
3. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
4. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services, and
5. Disclosure to consumer reporting agencies of any of the following information relating to reimbursement: name and address, date of birth, Social Security number, payment history, account number, and name and address of the physician.

“Treatment” means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party.

“Use” means the sharing, employment, application, utilization, examination or analysis of patient information within the physician’s practice that maintains such information.